



Community Options
FOR CHILDREN AND FAMILIES



SIBSHOPS REGISTRATION FORM

To help us meet your needs, please provide the following information and return to Jill Clayton, Family Support Services Coordinator: jclayton@communityoptions.bc.ca

The completed form may also be faxed to 250-389-1110; or dropped off at the Community Options office at 1595 Bay Street in Victoria.

Name of child participating in Sibshops: _____ Age: _____

Birthdate: _____ (mm/dd/yyyy) Gender: _____

****Please find attached Program description and dates**

****All Programs will take place at 1595 Bay Street**

PROGRAM SELECTION (Check one):

Kindersibs 4-6 years

Sibkids 6-12 years

Sibteens 13-18 years

Fall Term

Fall Term

Fall Term

Winter Term

Winter Term

Spring Term

Spring Term

Spring Term

Kindersibs: There is a registration fee of \$35 per child for each term (5 session dates).

Sibkids: There is a registration fee of \$35 per 5 session term (Fall) and \$50 per 8 session term (Winter & Spring).

Sibteens: There is a registration fee of \$50 per term (5 session dates).

For office use only:

Date: _____

Payment received: Fee Waived:

Amount: \$_____ cash cheque #_____

I would also like to make a donation of: \$_____

Receipt issued: # _____

COCF Membership: Y / N Expiry date: _____

PARENT(S)/LEGAL GUARDIAN NAME: _____

MAILING ADDRESS: _____

PHONE: Home: _____ Cell: _____ Work: _____

EMERGENCY CONTACT: Name: _____
(other than parent)
Relationship: _____ Phone: _____

PARTICIPANT INFORMATION:

School attending: _____ Grade: _____

Care Card #: _____ Physician: _____

Allergies, food, or health/behavior concerns: _____

Name of your sibling with special needs: _____ Age: _____

Nature of special needs: _____

Currently a Member of Community Options for Children and Families: YES NO

****Due to funding requirements all families must have a paid membership to Community Options**

If No, Please find attached membership form and return to office with registration form.

- Registration cannot be guaranteed until registration form and fees are received.

I hereby agree to indemnify, release and save harmless Community Options, its employees or contractors for any loss or damage through personal injury or otherwise and claims arising from any accident or sickness to the participant. *Including the transportation of your child in the event of an emergency.

Signed: _____ Date: _____

Photograph Permission to Release Form

I understand and am in agreement that the photograph(s) taken of my child during their participation in the Sibshop program may be used for promotion and publicity purposes for Community Options for Children and Families, including posting on the Community Options Website

- Yes, I give Consent
- No, I do Not give Consent

Signed: _____ Date: _____