

SIBLING SUPPORT GROUP REGISTRATION FORM

Date _____

Child's Name _____

Date of Birth _____ Age _____

School Child Attends _____

Parent's Names _____

Home Address _____

Home Telephone _____ Cell Phone _____

Name of brother or sister with special needs _____ Age _____

Nature of disability or illness _____

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What are your reasons for enrolling your child in the sibling support group? _____

Do you have any concerns about enrolling your child in the support group that we should know about? _____

Do you have any particular topics that you would like covered during the support group sessions? _____

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Does your child have any food allergies or restrictions? _____

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Please provide any other information that you feel will make this an enjoyable and educational experience for your child.

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Signature

Date

Please return this form to: Jill Tobin
Lincoln-Way Area Special Education District 843
Pioneer Grove Educational Center
601 Willow Street
Frankfort, Illinois 60423