



It gives the Autism Society Central Virginia great pleasure to announce **Sibshops**, an exciting program just for brothers and sisters of children with special needs.

Who are Sibshops for? Sibshops are for 7 to 12 year old brothers and sisters of children who have special needs. *Siblings older than 12 can volunteer as assistant leaders.*

What are Sibshops? Sibshops are a lively mixture of new games, discussion, and guest speakers. Participants should dress comfortably and be ready for action! Snacks may be served as well.

At a **Sibshop**, brothers and sisters will:

- Meet other brothers and sisters of children with special needs.
- Have fun
- Talk about their brothers and sisters with others who really know what it's like to have a sibling with a disability
- Make new friends
- Learn more about disabilities and the services that people with disabilities receive, and
- Have some more fun!

WHEN: We meet every other month. The schedule is posted here - <http://ascv.org/meetings-events/sibshops/>

WHERE: Most meetings occur at River Road United Methodist Church, 8800 River Road, Richmond, however, some of our meetings are out in the community at various fun locations!

COST: There is a \$10.00 fee (\$5 for ASCV members) for each session to offset the cost of food and materials. (Scholarships are available if needed.)

HOW: **Make sure you have a registration form on file, and then pay the fee for the session(s) your child will be attending.** The registration forms and payment info are available here - <http://ascv.org/meetings-events/sibshops/>

For more details, email outreach@ascv.org or call 804-257-0192.



There is a \$10 non-refundable fee (\$5 for ASCV members) per session.
Scholarships are available if needed.

My child is registering for the following Sibshop Dates:

- _____
- _____
- _____

Total Enclosed: _____

**Please send your check payable to “ASCV” along with the completed registration form to
ASCV, 200 South 3rd Street, Richmond, VA 23219.**

To pay by credit card, please email outreach@ascv.org for instructions.



SIBSHOP REGISTRATION FORM

Date:			
Child's Name:		Age:	
Date of Birth:		Gender:	

Does this child receive any special services (e.g., counseling, speech therapy, special education)? If yes please explain.

Mom's Name:		Cell Phone:	
Dad's Name:		Cell Phone:	
Home Address:			

Name of brother/sister with special needs:			
Age:		Gender:	
Nature of disability:			

What kind of related special education services (e.g., speech, occupational, or physical therapy, counseling, etc.) does this child receive?

Does your child have a good understanding of their sibling's disability?

Other Siblings:

Name:		Age:		Gender:	
Name:		Age:		Gender:	
Name:		Age:		Gender:	

Has your child ever attended a Sibshop before, and if so , when and where?

What are your reasons for enrolling your child in the Sibshop program?

Do you have any concerns about enrolling your child in Sibshops?

Do you have any particular topic that you would like addressed during Sibshops?

Will your child need to take any medications during the hours of Sibshop? If yes, please explain.

Does your child have any food allergies or restrictions? If yes, please explain.

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

Parent Signature:		Date:	
Parent Email:			