

SIBSHOPS REGISTRATION FORM

WINTER 2026

WHAT IS SIBSHOPS?

Sibshops SibKids is a fun and welcoming group where the siblings of those with special needs can meet with and connect with peers who share similar experiences – providing them comfort & support.

Discussion, activities, and interaction with peers provide support around the unique issues they experience. Each professionally-facilitated session includes arts & crafts, games, activities, discussions, and a light snack. This is something special **just for them.**



WHO IS SIBSHOPS FOR?

The group is best suited for children aged 6-11. If you have a child slightly older or younger that would like to participate, you are invited to reach out to Corrina to discuss whether this group would be a good fit for them.

WHEN & WHERE IS SIBSHOPS?

- Sooke Regional Library – Meeting Room
- Fridays after School from 3:30-5:00 pm
- Jan 9, Jan 23, Feb 6, Feb 20

HOW DO I REGISTER MY CHILD FOR SIBSHOPS?

To register your child, please:

- Complete the information on the **next page** and email it to Sooke.sass@gmail.com or mail/drop it off to 6489 Beechwood Place.
- Registration is open until **December 31, 2025** or until all spaces are taken. Space is limited.

PROGRAM COST

This program is being organized by the **Sooke Autism Support Society (SASS)** and is available at no charge to our families due to a generous Grant received from the **District of Sooke** – we are so grateful for their support!



Parent(s) / Legal Guardian Name(s): _____

Mailing Address: _____

Phone: Cell: _____ Work: _____ Home: _____

Email: _____

EMERGENCY CONTACT: Name: _____
(other than parent)

Relationship: _____ Phone: _____

PARTICIPANT INFORMATION:

Name of child participating in Sibshops: _____ Age: _____

Birthdate: _____ DD/MM/YYYY Gender: _____

School attending: _____ Grade: _____

Care Card #: _____ Physician: _____

Allergies, food, or health/behavior concerns: _____

Name of sibling with special needs: _____ Age (of sibling): _____

Nature of special needs: _____

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

I hereby agree to indemnify, release and save harmless Sooke Autism Support Society (SASS) and 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 the Sooke Autism Support Society (SASS), including posting on their respective Websites.

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

Signed: _____ Date: _____