



REGISTRATION 2009-2010

Announcing Children's Sibshops for the 2009-2010 School Year!

Register Soon! Spaces Limited!

The 2009-2010 Sibshop season was another huge success! Almost one hundred brothers and sisters from around Western Washington attended the two Sibshops coordinated by the Sibling Support Project at Seattle Children's Hospital. And we're looking forward to an even better year during the 2009-2010 school year.

We will continue to offer two Sibshops. Our morning class will be for brothers and sisters of children with special developmental and learning needs. In order to accommodate MORE siblings, in the afternoon, we will combine brothers and sisters of children with special developmental and learning needs with siblings of children with special health needs¹. Please share these registration materials with families you know (and feel free to make copies)!

Sibshops for sibs of kids with special developmental and learning needs

Sibshops' "home" is still at Seattle Children's Hospital where we're able to use the hospital's facilities and visit with hospital staff.

Similar to previous years, we will have Sibshops for 6-9 year old and 10-13 year old sibs on alternating months and we'll meet from 9:30 a.m.-12:30 p.m. We again have a fabulous team of facilitators; Nancy McCune (Child life specialist at Children's) & Ariane Gauvreau, (Psychology graduate & adult sib of young man w/ mental health issues), will be joined by very dedicated Sibshop volunteers.

Sibshops for sibs of kids with special health needs &/or developmental concerns

This combined Sibshop was very successfully "tested out" for the first time during our 2004-2005 season, and continues to be very successful in serving more sibs. On alternating months, we will have Sibshops for 6-9 year old and 10-13 year old brothers and sisters. We will meet from 2 -5 p.m. at the Sound Café at Seattle Children's Hospital. We are fortunate to have a wonderful team of facilitators: Maricel Floresca, (Social Worker at the Regional Epilepsy Center at Harborview Medical Center), Ursala Schwenn, (Playroom Coordinator at Seattle Children's & Pediatric Hospice Social Worker at Providence Medical Center) and Mary Klump, (Playroom Coordinator at Seattle Children's). Wonderfully dedicated volunteers will assist Maricel, Ursala, & Mary.

Who do we thank?

Our Sibshops are made possible by Vorhis H. Edwards Endowment for Sibling Support, the William A. and Betty Anne Nyberg Endowment for Sibling Support, registration fees, and your generous financial support.

¹ Including, but not limited to: diabetes, cancer, cystic fibrosis, muscular dystrophy and heart, kidney, liver, gastrointestinal or lung disease.

How to register your child for Sibshops!

First, pick which type of Sibshop you wish your child to attend. You will enroll your child in the Sibshop for the morning **or** afternoon session depending on developmental or health issues. If you are uncertain of which Sibshop is best for your child, call (206) 987-3285.

Second, select the dates for the Sibshop you wish your child to attend on the enclosed registration sheet. **Please note: Sibshops are more like a club than a class! Do not worry if your child cannot attend every Sibshop during the 2009-2010 school year. Also, parents who learn about Sibshops during the school year are encouraged to register their children for the remaining dates.**



Third, clip and save the dates you've chosen. *Facilitators will provide "reminder emails" or calls when possible.*

Fourth, fill out the enclosed Sibshop information form (both sides!) and sign the release. Send the information form, registration form, and payment for Sibshops to:

**Sibshops
Seattle Children's Hospital-M/S T-2241
4800 Sand Point Way NE
Seattle, WA 98105**

A limited number of scholarships are available. If you would like a scholarship for your child, please indicate so on the registration form.

Although we make every attempt to accommodate everyone who wishes to register, we do have a limited number of spaces for each Sibshop. **Registration will be handled on a first-come, first-serve basis.** If you have any questions about the Sibshops registration process, please call us at (206) 987-3285.

In case you are not familiar with Sibshops, below are two frequently asked questions:

What are Sibshops?

When a child becomes ill, the entire family is affected. Sibshops provide support and guidance to siblings of children with special medical or developmental needs.

Siblings are encouraged to share the challenges and celebrate the joys with brothers and sisters in similar situations.



Sibshops are lively, action packed, 3 hour workshops that celebrate the many contributions made by brothers and sisters of kids with special needs. Sibshops acknowledge that being the brother or sister of a person with special needs is for some a good thing, others a not-so-good thing, and for many, somewhere in between. They reflect a belief that brothers and sisters have much to offer one another--if they are given a chance. The Sibshop model mixes information and discussion activities with new games (designed to be unique, off-beat, and appealing to a wide ability range), and special guests. *There are currently more than 200 Sibshops across the United States, Canada, and elsewhere. All are modeled after Children's Seattle-area Sibshops!*

Who runs Sibshops?

Sibshops are run by a team of people who have professional and, in some cases, a personal understanding of the impact a child's illness or disability can have on family members. Equally important, they all have great kid skills! Both Sibshops sometimes have "junior facilitators" who are sibs in their later teen years. Cathy Harrison, a Child Life Specialist, coordinates both Sibshop teams.

SIBSHOP INFORMATION FORM

2009-2010 SCHOOL YEAR

This information form must be completed for all who wish to participate in Sibshops during the 2009-2010 school year, *(even those who have participated in prior years.)*

I am enrolling my child for the Sibshop for brothers and sisters of children with **special developmental and learning needs.** (Morning session)

I am enrolling my child for the Sibshop for brothers and sisters of children with **special health needs and/or special developmental and learning needs.** (Afternoon session)

(PLEASE PRINT!)

Date: _____

Child's name: _____ Birth date: _____ Age: _____ Gender: _____

School: _____ Grade: _____

Parent(s) name(s): _____

Home address: _____ City: _____

State: _____ Zip: _____ E-mail _____

Home phone: (_____) _____ Alternate phone: (_____) _____

Name of brother or sister with special needs: _____

Name or description of disability or health concern: _____

Birth date: _____ Age: _____ Gender: _____

This child is enrolled with the State Division of Developmental Disabilities Yes No

Other Siblings:	Name	Age	Gender
	_____	_____	_____
	_____	_____	_____

Ever attended a Seattle Sibshop before: Yes No Other Sibshop? _____

If your child attended Seattle Sibshops 2008-2009, **PLEASE GIVE US YOUR FEEDBACK!!**

Parents, please rate your **overall satisfaction** from 1 (very dissatisfied), to 5 (very satisfied).

Circle one: 1 2 3 4 5 (feel free to add comments on additional paper)

Siblings, please rate your **overall satisfaction** from 1 (very dissatisfied) to 5 (very satisfied).

Circle one: 1 2 3 4 5 (feel free to add comments on additional paper)

Please See Other Side!!

Sibshop Information form 2009-2010 (cont.)

What do you hope your child will gain if he or she registers for a 2009-2010 Sibshop?
Are there any particular topics you would like addressed?

Does your enrolled child have any special needs, food allergies or other health restrictions of their own that we should know about?

Please provide any other information that you feel would make Sibshops a more enjoyable and educational experience for your child:

Per many Sibshop family requests, we have been asked to create a contact list in order for siblings to contact each other outside of Sibshop sessions.

Would you like your child's name placed on a list to be distributed to siblings and their families? __Yes __No

Would you like your phone number included? __Yes __No

Would you like your e-mail included? __Yes __No

Comments **(please list your e-mail address &/or phone # here if you'd like those included on list):**

I hereby give my child permission to participate in Sibshops. I also agree to hold Children's harmless for any and all liability incurred as a result of my child's participation. Further, I grant full permission to use any photographs, videotapes, recordings or any other record of this program for the purpose of education and promotion of Sibshops. If my child is enrolled in Sibshops for brothers and sisters of children with developmental or learning needs, I understand that King County Division of Developmental Disabilities Discovery Trust/Family Support Expansion Grant provides partial funding for this program. I give permission for Children's to release the name, birth date, and diagnosis of the child with special needs to King County as part of the documentation for this funding.

Signature of Parent or Guardian

Date: _____

Please return with Registration form and payment to:

**Sibshops
Seattle Children's Hospital M/S T-2241
4800 Sand Point Way NE
Seattle, WA 98105**

Additional registration forms and information are available by calling (206) 987-3285. **Registration forms are also available online at http://seattlechildrens.org/child_health_safety/special_needs/sibshops.asp**

**Visit the Sibling Support Project Website at www.thearc.org/siblingsupport/
On the webpage, you can join SibKids, our no-cost listserve for sibs of kids with special needs and meet brothers and sisters from around the world!**



REGISTRATION FORM

For use any time during the 2009-2010 school year!

**Children's Sibshops for brothers and sisters of children with
special developmental and learning needs &/or special health concerns[☆]**
Sound Café, Seattle Children's Hospital from **2-5 p.m.**

<p><u>For Brothers and Sisters</u> <u>ages 6 to 9</u></p> <p>Please check the dates you would like your child to attend:</p> <p><input type="checkbox"/> October 3, 2009</p> <p><input type="checkbox"/> December 5, 2009</p> <p><input type="checkbox"/> February 13, 2010</p> <p><input type="checkbox"/> April 10, 2010</p> <p><input type="checkbox"/> June 5, 2010</p> <p>Cost per Sibshop: \$20 (includes snack)</p>	<p><u>For Brothers and Sisters</u> <u>Ages 10 to 13</u></p> <p>Please check the dates you would like your child to attend:</p> <p><input type="checkbox"/> September 12, 2009</p> <p><input type="checkbox"/> November 7, 2009</p> <p><input type="checkbox"/> January 9, 2010</p> <p><input type="checkbox"/> March 6, 2010</p> <p><input type="checkbox"/> May 1, 2010</p> <p>Cost per Sibshop: \$20 (includes snack)</p>
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* Including, but not limited to: diabetes, cancer, cystic fibrosis, muscular dystrophy and heart, kidney, liver, gastrointestinal, lung disease, autism, Down syndrome, ADD/ADHD, and developmental delays.

Child's name: _____

Child's age: _____

Home Phone number: (____) _____

Total amount enclosed: \$_____. Please make checks or money orders payable to Children's Hospital Sibshop. **Registration fees are non-refundable.**

I would like to request scholarship assistance. __ Yes __ No Amount requested \$_____

I would like to make a donation to help sponsor a sibshop child. __ Yes __ No

Donation amount \$_____ enclosed. (Please send a separate check payable to Children's Hospital- Sibling support fund)

=====Clip and Save the Dates! =====

<p><u>Sibshops for Brothers and Sisters ages 6 to 9</u></p> <p>We've registered for the following dates</p> <p><input type="checkbox"/> October 3, 2009</p> <p><input type="checkbox"/> December 5, 2009</p> <p><input type="checkbox"/> February 13, 2010</p> <p><input type="checkbox"/> April 10, 2010</p> <p><input type="checkbox"/> June 5, 2010</p> <p>Cost per Sibshop: \$20 (includes lunch)</p>	<p><u>Sibshops for Brothers and Sisters ages 10 to 13</u></p> <p>We've registered for the following dates</p> <p><input type="checkbox"/> September 12, 2009</p> <p><input type="checkbox"/> November 7, 2009</p> <p><input type="checkbox"/> January 9, 2010</p> <p><input type="checkbox"/> March 6, 2010</p> <p><input type="checkbox"/> May 1, 2010</p> <p>Cost per Sibshop: \$20 (includes lunch)</p>
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- What:** Seattle Children's Sibshops for brothers and sisters of children with special developmental and learning needs &/or special health concerns
- Where:** Sound Café, Children's Hospital and Regional Medical Center. Driving directions: (206) 987-2226
- When:** 2 - 5 p.m.
- Regrets:** If you can't make a Sibshop that you have registered for, please call (206) 987-3285, to allow a sib on the wait list to attend. (Sorry we are unable to offer refunds)
- Parking:** Please park on the 5th level of the Whale Garage to access the Sound Café.



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Children's Sibshops for brothers and sisters of children with special developmental and learning needs[☆]

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