

## INFORMATION FORM

The following information must be completed for each child who wishes to participate in the Sibshops program.

I am enrolling my child for the Sibshops program for brothers and sisters of children with special developmental disabilities, learning needs, and special health needs.

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Has your child attended Sibshops in the past?  YES  NO

If yes, where? \_\_\_\_\_

School Attending: \_\_\_\_\_

### CONTACT INFORMATION

Parent(s) or Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Method of Contact:  Phone – Call time of day: \_\_\_\_\_  Email

Name of brother or sister with special needs: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Name or Description of disability or health concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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**Other Siblings:**

Name	Age	Gender
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female

What do you hope your child will gain from our Sibshops? Are there any particular topics you would like addressed?

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

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

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Would you like your name placed on a list to be distributed to siblings and other families?  YES  NO

Would you like your phone number included?  YES  NO

Comments: 

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*I hereby give my child permission to participate in Sibshops. I also agree to hold Special Kids Special Families harmless for any and all liability incurred as a result of my child's participation. I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In case of injury, I do hereby waive all claims or legal actions, financial, or otherwise against Special Kids Special Families and Julie Hudak-Salvat, LCSW, their elected officials and employees, the organizers, sponsors, supervisors or any volunteer connected with the program. Further, I grant full permission to use any photographs, videos, recordings or any other record of this program for any purpose.*

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

Please return with Registration form and payment to: Linda Ellegard, Special Kids Special Families, 424 West Pikes Peak Ave., CO Springs, CO 80905  
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## REGISTRATION FORM

Children's Sibshops are for brothers and sisters of children with special developmental disabilities, learning needs, and special medical needs.

*Please check the month that you'd like your child to attend. Please refer to the Sibshops website for exact date, times and locations.*

January  February  March  April  May  June  July  August  Sept  Oct  Nov  Dec

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

**TOTAL Amount Enclosed:** \$ \_\_\_\_\_ **\$15/child** includes: activity expenses, snack, take home item.  
Make checks payable to: Special Kids Special Families. Registration fees are non-refundable

I would like to make a donation to help sponsor a Sibshops participant. Donation amount enclosed: \$ \_\_\_\_\_

**FOR YOUR RECORDS** - clip and save the information below

**Saturdays** We've registered for the following dates:

X	Sibshop Dates	Registration Fee per Child
		\$15

**What:** Children's Sibshops for brothers & sisters of children with special developmental disabilities, learning needs, and special medical needs.

**Please check website for exact dates, location & time.**

**Regrets:** If you can't make a Sibshop that you have registered for, please call (719)447-8983 x19 to cancel.

## **Instructions for enrollment:**

**To enroll your child in the Sibshop program, please fill out the 2 page Information form and the Registration form.**

**Return ALL 3 forms with appropriate payment to the following:**

### **by mail to:**

Linda Ellegard  
Special Kids Special Families  
424 W. Pikes Peak Avenue  
Colorado Springs, CO 80905

### **or by fax:**

(719) 447-9482

### **or by email with attachments:**

[llegard@sksfcolorado.org](mailto:llegard@sksfcolorado.org)

**If you have any questions, please contact Linda Ellegard at 719-447-8983 Ext. 19. Thank you.**

## ABOUT THE SIBLING SUPPORT PROJECT

The Sibling Support Project, believing that disabilities, illness and mental health issues affect the lives of **all** family members, seeks to increase the peer support and information opportunities for brothers and sisters of people with special needs and to increase parents' and providers' understanding of sibling issues

### What Are Sibshops?

When a child has a disability or 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, 2 hour workshops that celebrate the many contributions made by brothers and sisters of kids with special needs. Sibshops acknowledge that being the brother and sister of a person with special needs is for some a good thing, for others a not-so-good thing, and for many, something 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.

### The Goals of Sibshops

- ❖ **Goal 1:** Sibshops will provide brothers and sisters of children with special needs an opportunity to meet other siblings in a relaxed, recreational setting.
- ❖ **Goal 2:** Sibshops will provide brothers and sisters with opportunities to discuss common joys and concerns with other siblings of children with special **needs**.
- ❖ **Goal 3:** Sibshops will provide siblings with an opportunity to learn how others handle situations commonly experienced by siblings of children with special needs.
- ❖ **Goal 4:** Sibshops will provide siblings with an opportunity to learn more about the implications of the special needs of their brothers and sisters.
- ❖ **Goal 5:** Sibshops will provide parents and other professionals with opportunities to learn more about the concerns and opportunities frequently experienced by brothers and sisters of people with special needs.

### **What will a Sibshop Session Look Like?**

- Getting to know each other activities
- Fun activities to include – t-shirts, crafts, snacks, energetic games and creative art projects
- Special Presenters
- Friendship making opportunities
- A place to be with other Sibs who “get it”
- A take home item that shows the uniqueness of being part of a “Sibshop”
- The ability to join at any time, but regular attendance is most beneficial

### **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. For Pikes Peak Sibshops, the team includes Ms. Julie Hudak-Salvat, LCSW, and Ms. Linda Ellegard, MA, along with enthusiastic volunteers.

Ms. Hudak, is a credentialed Sibshops facilitator. She is a Licensed Clinical Social Worker, in private practice in Colorado Springs for the past 12 years; specializing in working with children with various complex developmental and emotional needs. She completed a clinical fellowship at the JFK Center, and The Children’s Hospital in Denver. This experience enabled her the opportunity to work with many other disciplines, deepening her understanding, and her skills in working with children with disabilities and special healthcare needs. Throughout this work she saw the need for sibling support and hoped that she would someday make Sibshops a reality in Colorado Springs.

The sponsoring organization for Sibshops is Special Kids Special Families. The mission of this non-profit organization is “to promote, strengthen and support individuals with disabilities and their families”. Linda Ellegard, MA, Executive Director for the organization says, Sibshops fits perfectly with our mission to provide supports to the family members, and Sibshops gives siblings a voice to their unique life experience. Bringing Sibshops to Colorado Springs opens the door to increased understanding and connections that siblings of special brothers and sisters can experience within and outside of their family unit. This program is invaluable to our children. Special Kids Special Families offers lifespan services and supports to families with a special needs family member.

### **Where do I get an Application Packet?**

You can contact Special Kids Special Families at 719-447-8983 Ext 19 and request that an application be mailed to you; or you can visit our website at [www.SKSFcolorado.org](http://www.SKSFcolorado.org) and download an application.

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