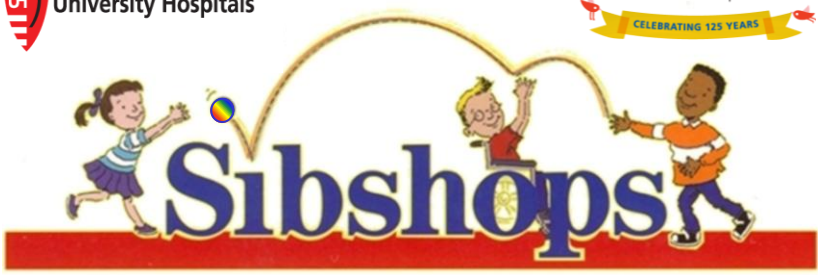
University Hospitals

Rainbow Babies & Children's Hospital
CELEBRATING 125 YEARS



Workshops for siblings of children with special needs

Sibshop Interest Form:

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Sibling's Name: _____Age: _____

Diagnosis: _____

Sibling's Name: _____Age: _____

Diagnosis: _____

Parent/Guardian's Name(s): _____

Telephone #: _____

Address: _____

Email: _____

Will transportation to and from Landerbrook be an issue for you: ☐Yes ☐ No

Do your children have past experience with Sibshop, or Sibshop-related, activities: ☐Yes ☐ No