

**Sibshop Registration Form**

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

Name of child registering for Sibshop: \_\_\_\_\_

Gender: M / F

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Grade: \_\_\_\_\_

Does this child receive any special services (e.g., counseling, speech-language therapy, special education)?

\_\_\_\_\_  
\_\_\_\_\_

Parent(s) Name(s):

\_\_\_\_\_

Home Address:

\_\_\_\_\_  
\_\_\_\_\_

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

What interests does this child have (e.g., sports, reading, card games, fishing, being outdoors, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Do you have any particular topics that you would like addressed during the Sibshop?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any food allergies or restrictions?

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

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Please return this form, liability form and the \$15.00 registration fee to:

Horizons Developmental Resource Center  
3120 68<sup>th</sup> Street SE  
Caledonia, Michigan 49316  
Phone: (616) 698-0306  
Email: office@horizonsdrc.com

Please make checks payable to: Horizons Developmental Resource Center  
Other forms of payment accepted: Cash, Visa & Mastercard.

Please mark your choice of payment method below:

Cash

Check

Credit Card # \_\_\_\_\_ (Mastercard or Visa)  
Exp Date: \_\_\_\_\_ 3-digit security code: \_\_\_\_\_

**Liability Release**

Beurkens Autism Consulting, Horizons Developmental Resource Center, and the staff that work at the center will not be held responsible for any accidental happenings or personal injury incurred while attending center programs. Although our staff members are actively involved with clients and are dedicated to helping them learn and succeed, this program does not guarantee an increase in skills or abilities. Our intent is to provide a safe educational environment for the clients and families that come here to learn.

I have read this liability release form and give permission for my child, \_\_\_\_\_ to participate in programs at the Horizons Developmental Resource Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date