

REGISTRATION 2015-2016 SCHOOL YEAR

Easter Seals Central California is pleased to announce the launch of Sibshops for children ages 8-13 in Monterey County!

What are Sibshops?

When a child has a disability or special need, the entire family is affected. Sibshops provide support and guidance to typically-developing siblings of children with special needs. Siblings are encouraged to share the challenges and celebrate the joys with brothers and sisters in similar situations.

Sibshops are lively, action packed, four-hour workshops for ages 8-13 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). Note that children <u>should already</u> <u>be aware</u> of their sib's disability or special need.

Who runs Sibshops?

Sibshops are run by Easter Seals Central California staff who have been trained directly by Don Meyer, National Director of the Sibling Support Project and founder of Sibshops.

How to register your child for Sibshops

First, select the dates for the Sibshop(s) you wish your child to attend on the attached registration sheet. You are welcome to sign up for one or several Sibshops at locations throughout Monterey County (e.g., children in south Monterey County could sign up for dates

in Soledad, Greenfield and King City.) Of course, *everyone* is welcome to *all* sessions, based on family schedules and parents' ability to get the children there!

Second, note that Sibshops are more like a club than a class! The registration fees are nonrefundable, but if your child needs to miss a session, that's fine but we request that you contact us. Also, parents who learn about Sibshops during the school year are encouraged to register their children for the remaining dates.

Third, <u>save the last page</u> of the packet with the dates you've chosen. *Facilitators will provide "reminder emails" or calls when possible before each session.* Fill out the enclosed Sibshop information form and sign the release form. Send the information and registration forms, and payment for Sibshops to:

Easter Seals Central California Attn: Sibshops 9010 Soquel Drive, Aptos, CA 95003

A limited number of scholarships are available. If you would like a scholarship for your child, please indicate 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 Gel Gonzalez at (831) 227-4145.





SIBSHOP INFORMATION FORM 2015-2016 SCHOOL YEAR

This information form must be completed by parents/guardians of children age 8-13 who wish to participate in Sibshops during the 2015-2016 school year.

□ I am enrolling my child for the Sibshop(s) for typically-developing brothers and sisters of children with disabilities or special needs (if enrolling more than one child, please complete a separate form for each):

PLEASE PRINT!	Т	Today's date:		
Child's name:	Birth date:	Age:	Gender:	
School:		Grade:		
Parent(s) name(s):				
Home address:		City: _		
State: Zip:	_ Parent e-mail:			
Home phone: ()	me phone: () Parent cell: ()			
Name of brother or sister with				
Name or description of disab				
Birth date of child with disabi	lity: Age:	Gender:		
This child is enrolled with the	e San Andreas Regional Ce	nter 🗆 Yes 🗆 I	No	
Other Siblings in the family (nar	me, age, gender of each)			
What do you hope your child wi	Il gain from participating in a	2015-2016 Sit	oshop?	





Does your enrolled child have any special needs, food allergies or other health restrictions of his/her 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 their new friends 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

I hereby give my child permission to participate in Sibshops. I also agree to hold Easter Seals Central California 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 Easter Seals Central California's Sibshops program.

Date: _____

Signature of Parent or Guardian

Please return completed Information Form, Registration Form and payment to:

Sibshops Easter Seals Central California 9010 Soquel Drive Aptos, CA 95003

Additional registration forms and information are available by calling (831) 227-4145.

For more information about Sibshops, visit <u>https://www.siblingsupport.org</u>. On the webpage, you can join SibKids, a no-cost listserve for sibs of kids with special needs to meet brothers and sisters from around the world!





SIBSHOP REGISTRATION FORM—RETURN THIS PAGE

For use any time during the 2015-2016 school year!

Please check the date(s) you would like your child to attend. Cost for each Sibshop (session): \$15 (includes lunch). Registration fees are non-refundable. <u>All Sibshops are held from 10:00 a.m. to 2:00 (except Pajaro*, 12:30 – 4:30)</u> at the locations indicated below.

If your child is pre-registered and unable to attend, or for more information, please call Gel at 831-227-4145.

 September 26, 2015 - Salinas Head Start Conference Room (rear of MCOE campus, 901 Blanco Circle) 	February 20, 2016 - King City Gabilan Head Start Center, 417 N. Russ St.	
 October 03, 2015 - King City Gabilan Head Start Center, 417 N. Russ St 	 February 27, 2016 - Salinas Head Start Conference Room (rear of MCOE campus, 901 Blanco Circle) 	
 October 24, 2015 – Seaside Juan Cabrillo Head Start, 1295 La Salle Av 	 March 05, 2016 – Seaside Juan Cabrillo Head Start, 1295 La Salle Ave. 	
 November 21, 2015 - Greenfield Cesar Chavez Elementary School 250 Apple Avenue (Cafeteria) 	 March 19, 2016 - Greenfield Cesar Chavez Elementary School 250 Apple Avenue (Cafeteria) 	
 December 05, 2015–Pajaro/Castroville Community Room, Nuevo Amanecer Apts. 15 Salinas Road, Pajaro (*12:30-4:30 pm) 	 April 02, 2016–Pajaro/Castroville Community Room, Nuevo Amanecer Apts. 15 Salinas Road, Pajaro (*12:30-4:30 pm) 	
□ January 23, 2016 - Gonzales Gonzales Head Start, 550 Fifth Street	 April 30, 2016 – Gonzales Gonzales Head Start, 550 Fifth Street 	

Child's name: _____ Child's age: _____ Home Phone number: (____) Parent cell: (___) ____ Total amount enclosed: \$____ Please make checks or money orders payable to *Easter Seals Central California* 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 <u>separate</u> check payable to *Easter Seals Central California,* marked "Sibshop donation.")

> Be sure to fill out and KEEP the next page and mark the dates on your calendar!





FOR YOU TO KEEP!

SAVE THE DATES FOR SIBSHOPS!

Check the dates below that you have registered your child for the following Sibshops and mark them on your calendar:

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