



***A CONFERENCE FOR FAMILIES OF CHILDREN
WITH SPECIAL NEEDS
AND THE PROFESSIONALS WHO WORK WITH THEM***

Saturday, November 5, 2016
Hylton High School
14051 Spriggs Road
Woodbridge, VA 22193
8:00 a.m. until 3:30 p.m.

SIBLING GROUP REGISTRATION FORM
(a separate form must be filled out for each child attending)

Your child should be between the ages of 8 and 13 to fully benefit from this program.
This program is for **SIBLINGS ONLY**, not for the child with a disability.

Name of Child _____ Age _____

Name of Parent(s) or Guardian _____ Cell Phone _____
In case of emergency, we will first attempt to reach you in your scheduled workshop, then by cell phone.

Does your child have special dietary needs? Yes ___ No ___ If yes, please list: _____

Are there any physical or emotional problems/behaviors about which the Sibling Group Coordinator should be aware?

Reasons for enrolling your child in the sibling group: _____

Nature of sibling's disability: _____ Age of sibling: _____

We will provide lunch, snacks, and drinks for the sibling group. Since this is "their day,"
please honor their privacy and visit only if it is a true emergency .

Signature _____ Date _____
Parent/Guardian