

Do you have a brother or sister with a disability or chronic illness?  
 Are you a typically developing child or teen?  
 Do you feel like you are the **ONLY** person who has a brother or sister with special needs? Then....

... are for you!!



Programs for **typically developing** kids and teens that have a brother or sister with a disability  
**FALL 2013**

FOR KIDS:	FOR TEENS:
<p style="text-align: center;"><b>SIBSHOPS for 5-7 Year Olds</b></p> <p>Saturdays: 10:30am - 12:30pm                      Oct 5, Nov 2 &amp; Dec 7</p> <p style="text-align: center;"><b>SIBSHOPS for 8-11 Year Olds</b></p> <p>Saturdays: 1-3:30pm                      Oct 5, Nov 2 &amp; Dec 7</p> <div style="border: 1px solid black; background-color: #cccccc; padding: 5px; margin-top: 10px; text-align: center;"> <p><b>Each Month has a Theme.</b>  <i>October—Movies</i>  <i>November—Emergency!</i>  <i>December—Photo Party</i></p> </div>	<p style="text-align: center;"><b>SIBSHOPS for 12-17 Year Olds</b></p> <p>Thursdays: 6:30pm - 9pm                      Oct 10, Nov 7 &amp; Dec 12  <b><i>DINNER PROVIDED - Yum Yum!</i></b></p> <p><b>TO GET ON OUR MAILING LIST:</b>                      Send in form below, call or email <b>253.697.5225</b></p> <p><b>Questions:</b> about the Sibshop Program,  <b>Call 253.697.1603</b>                      Message for Brandi Livengood OTR/L, Sibshop Coordinator                      or email at brandi.livengood@multicare.org</p> <div style="border: 1px solid black; background-color: #cccccc; padding: 5px; margin-top: 10px; text-align: center;"> <p>Sample Sibshop curriculum: registration/introductions, games, obstacle course, snack, activity related to sibling issues, crafts, closing circle.  <b>Primary goal: HAVE FUN</b></p> </div>

[www.siblingsupport.org](http://www.siblingsupport.org)

*The Sibshop Program is funded through the Good Samaritan Hospital Auxiliary and Children's Therapy Unit*

**Registration Form: FALL 2013**

<b>Sibshops 5 -7 year olds:</b> <i>Saturdays 10:30am-12:30pm</i>	<input type="checkbox"/> October 5	<input type="checkbox"/> November 2	<input type="checkbox"/> December 7
<b>Sibshops 8 - 11 year olds:</b> <i>Saturdays 1-3:30pm</i>	<input type="checkbox"/> October 5	<input type="checkbox"/> November 2	<input type="checkbox"/> December 7
<b>Sibshops Teen 12-17 year olds</b> <i>Thursdays 6:30-9pm</i>	<input type="checkbox"/> October 10	<input type="checkbox"/> November 7	<input type="checkbox"/> December 12

Participant Name (typically developing child or teen): \_\_\_\_\_

Name of disability that brother or sister has: \_\_\_\_\_

Parent Name: \_\_\_\_\_

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

City/ State/ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant: Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F School attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Email address: \_\_\_\_\_

**Once a year Parent Signature is REQUIRED to participate in the Sibshop program. Parents PLEASE COME INTO CTU for your child/teens FIRST Sibshop of the school year to fill out the REQUIRED paper work! Thanks!**

**Send Registration & a \$10 fee/Session to:**

Children's Therapy Unit Attn: Education Department 402 15th Ave. SE, Suite 100 / Puyallup, WA 98372	<b>Please pre-register:</b> Space and supplies are limited. We accept registration at the door, but pre-registration helps us out! ☺
---	--