



SIBSHOPS REGISTRATION FORM

Please complete and return this form to register your child.

You will be contacted after your registration is received.

Name of Participating
Child _____

Birth Date _____

Has your child previously attended a Sibshops _____

Where _____

School _____

Grade _____

Parent/Caregiver
Name(s) _____

Home
Address _____

Phone _____

Cell Phone _____

Email _____

Does your child have any
allergies _____

Favorite snack
food _____

Is there anything you would like us to know about your child attending Sibshops?

Registration is required prior to the start of the program

Minimum of eight participants are required to facilitate ARCH of LV's 2018/2019 Sibshops

For additional information regarding Sibshops, please contact Robin Urenko, Parent Partner at ARCH of LV at 610-295-2110 or urenkor@elwyn.org

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