



365 Millennium Drive, Suite A. Crystal Lake, IL 60012. Phone: 815.477.4720. Fax: 815.477-4700  
www.optionsandadvocacy.org

Dear Parent,

Thank you for choosing the Options and Advocacy Sibshops to support your family. Whether you've registered for a few sessions, all nine, or are still deciding, we hope this letter will provide you with all of the information you need to make this a positive experience for your entire family.

**What are Sibshops?** Sibshops are lively, engaging celebrations of 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. Sibshops are a spirited mix of new games (designed to be unique, off-beat, and appealing to a wide ability range), new friends, and discussion activities.

Sibshops are not therapy, although their effect may be therapeutic for some children. Sibshops acknowledge that most brothers and sisters of people with special needs, like their parents, are doing well, despite the challenges of an illness or disability. Consequently, while Sibshop facilitators always keep an eye open for participants who may need additional services, the Sibshops model takes a wellness approach.

**Who participates in Sibshops?** We will have at least two Options & Advocacy staff at every Sibshops session. Assisting them will be teen and adult siblings of individuals with special needs. Occasionally, we will include other guests such as therapists, speakers, and volunteers. We hope to have 15 – 20 siblings participating in each session. They will range in age from 8-14 and come from all over McHenry County.

**When and where will Sibshops be held?** We will be meeting the third Saturday of each month during the school year (September – May), from 9:00-11:30 am at the Salvation Army, 290 W. Crystal Lake Ave. in Crystal Lake. Please use the "Business Entrance" under the awning on the right side of the building. Enter and go up the stairs to the gymnasium. If you need an elevator, enter the single door marked "Elevator Entrance" to the left of the awning and take the elevator up to the gymnasium.

**Who do I contact if I have more questions?** Please call or e-mail Kiera, Winter, or Megan. Our information is below and we'll be happy to discuss any questions or concerns you have.

We are proud to have added Sibshops to the list of programs Options & Advocacy offers to support families in our community. Thank you for enrolling your child(ren) in our program. It should be a wonderful experience for all of us!

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# 2011-2012 Registration Form

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_

Does this child receive any special services (counseling, speech therapy, special education)? \_\_\_\_\_

\_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Sibling with Special Needs \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_

Does this child receive any special services (counseling, speech therapy, special education)? \_\_\_\_\_

\_\_\_\_\_

Nature of Special Needs \_\_\_\_\_

\_\_\_\_\_

Does the Sibshop participant have any food allergies or restrictions?

\_\_\_\_\_

Other Sibling(s) Name(s)	Date of Birth	Age	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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What are your reasons for enrolling your child in Sibshops?

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

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

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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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Release of Liability Waiver: We are pleased to have your child participate in Options & Advocacy's Sibshops program. Please read the following carefully. We have been advised to require all parents who wish to have their child participate to sign a release from liability form. By signing it you acknowledge that by participating in Sibshops you will be waiving and releasing all claims for injuries your child might suffer as a result of this program. You are also agreeing that if your child injures another child (a very unlikely event) you will be responsible for the costs for medical care to the injured child.

“As the parent of a participant in the Options & Advocacy Sibshops Program, I recognize and acknowledge that there may be certain risks of physical injuries to my child or another child because my child has harmed the other child, associated with this program. I agree to waive and relinquish all claims against Options & Advocacy, I may have on behalf of my child as a result of participating in the program.

I hereby fully release and discharge Options and Advocacy and/or Salvation Army, its officers, agents, employees or volunteers, from any and all claims for injuries, damage, or loss which my child suffers as a result of participation in Sibshops.

I also agree that should my child be the cause of harm to another child, and a lawsuit is filed, I will indemnify, defend and hold Options and Advocacy harmless as a result. I grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose.”

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

As each session will be unique, we encourage you to enroll your child in as many sessions as you would like. Returning each month will allow your child to build friendships with the other participants and to build confidence in participating with the group.

The dates for the 2011-2012 Sibshops are: (please mark all that your child will attend)

\_\_\_\_\_ September 17, 2011                      \_\_\_\_\_ December 17, 2011                      \_\_\_\_\_ March 17, 2012

\_\_\_\_\_ October 15, 2011                      \_\_\_\_\_ January 21, 2012                      \_\_\_\_\_ April 21, 2012

\_\_\_\_\_ November 19, 2011                      \_\_\_\_\_ February 18, 2012                      \_\_\_\_\_ May 19, 2012

The cost to participate in Sibshops is \$10 per session. If you register for all nine sessions, the fee will be discounted to \$75. If you register more than one child, the fee will be discounted by half. Please return these forms with the registration fee to:

Options and Advocacy  
Attn: Sibshops  
365 Millennium Dr., Suite A  
Crystal Lake, IL 60012

\* Amount included \$ \_\_\_\_\_  
\* Make checks payable to Options and Advocacy  
\* You may also pay the registration fee online  
. using PayPal at [www.optionsandadvocacy.org](http://www.optionsandadvocacy.org)

\*\*If you would like your child to be considered for a scholarship, please call Cindy Sullivan at 815-477-4720 x233. Donations to the Sibshops Scholarship Fund are gratefully accepted.