



Community Options
1595 Bay St.
Victoria, B.C. V8R 2B5



SIBSHOPS REGISTRATION FORM – FALL 2021

To help us meet your needs, please provide the following information and return to:
Carla Hyslop, Groups and Events Coordinator: chyslop@cofc.ca

The completed form may also be faxed to 250-389-1110 or dropped off at the Community Options office at 1595 Bay Street in Victoria.

Community Options is accepting eTransfers for payments which can be emailed to billing@cofc.ca or lorolek@cofc.ca. Please ensure the password note is clear: such as child's first name, no caps, etc. Alternatively, send a second email with the password. Please do not include the password within the etransfer email.

If you require any additional information, please do not hesitate to contact Carla at 250-380-6363 ext 210 or via email at: chyslop@cofc.ca

*****Please find attached Program description and dates**

****All Programs will take place at 1595 Bay Street**

PROGRAM SELECTION (Check one):

Sibkids 5-12 years
Fall Term

Sibteens 13-17 years
Fall Term

Sibkids: There is a registration fee of \$50 per 8 session term.

Dates: Thursdays, Oct. 7, 14, 21, 28; Nov. 4, 18, 25 and Dec. 2

Time: 4-6pm

Sibteens: There is a registration fee of \$50 per 5 session term.

Dates: Every other Wednesday – Oct. 6, 20; Nov. 3, 17; Dec. 1

Time: 4-7pm

For office use only: _____ Date: _____

Payment received: Fee Waived:

Amount: \$ _____ cash cheque # _____

I would also like to make a donation of: \$ _____

Receipt issued: # _____

Parent(s) / Legal Guardian Name(s): _____

Mailing Address: _____

Phone: Cell: _____ Work: _____ Home: _____

email: _____

<p>EMERGENCY CONTACT: Name: _____ (other than parent)</p> <p>Relationship: _____ Phone: _____</p>

PARTICIPANT INFORMATION:

Name of child participating in Sibshops: _____ Age: _____

Birthdate: _____ DD/MM/YYYY Gender: _____

School attending: _____ Grade: _____

Care Card #: _____ Physician: _____

Allergies, food, or health/behavior concerns: _____

Name of sibling with special needs: _____ Age: _____

Nature of special needs: _____

Currently a Member of Community Options for Children and Families: YES NO

****Due to funding requirements all families must have a paid membership to Community Options**

<p>If No, Please find attached membership form and return to office with application.</p>
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<ul style="list-style-type: none"> Registration cannot be guaranteed until registration form and fees are received. <p>I hereby agree to indemnify, release and save harmless Community Options, its employees or contractors for any loss or damage through personal injury or otherwise and claims arising from any accident or sickness to the participant. *Including the transportation of your child in the event of an emergency.</p> <p>Signed: _____ Date: _____</p>
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<p align="center">Photograph Permission to Release Form</p> <p>I understand and am in agreement that the photograph(s) taken of my child during their participation in the Sibshop program may be used for promotion and publicity purposes for Community Options for Children and Families, including posting on the Community Options Website</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, I give Consent <input type="radio"/> No, I do Not give Consent <p>Signed: _____ Date: _____</p>
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