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## SIBSHOP REGISTRATION FORM – 2022-23 Term

Welcome to Community Options for Children and Families sibling support groups. This year, we are pleased to offer full-day Saturday Sibshops. Participants can register for single sessions or for the full term.

Please complete the attached registration forms and return pages 2 and 3 either by hand through the office mail slot, faxed or mailed to

Community Options Sibshops  
1595 Bay Street      Victoria, BC      V8R 2B5  
FAX #: 250-389-1110

Community Options is accepting e-transfers for payments which can be emailed to [billing@cofc.ca](mailto:billing@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 e-transfer email.

### **2022-23 Sibkids: Ages 5-12**

**Single session cost:**              COCF members \$25,              non-members \$30

**Full term cost (8 sessions) :**      COCF members \$175,              non-members \$210

**Payment method:**      e-transfer, cheque or cash

**Location:**              Drop-off and pick-up at COCF offices (1595 Bay St).

**Session Time:**              10am - 3pm

**Dates:**              Saturdays: September 24, October 29, November 26, January 28, February 25,  
March 25, April 29, May 27 (*note: no meeting in December*)

Contact Margaret at 250-380-6363 ext 210 or via email at: [mtreleaven@cofc.ca](mailto:mtreleaven@cofc.ca) with any questions.

**SIBKIDS** REGISTRATION FORM TO BE RETURNED TO Community Options:

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I am registering for a single session on (date) \_\_\_\_\_ (member \$25, non-member \$30)

I am registering for the 2022-23 term (8 sessions) \_\_\_\_\_ (member \$175, non-member \$210)

**SIBSHOP: Participant(s)**

First Name:	_____	Last Name:	_____
First Name:	_____	Last Name:	_____

**PARTICIPANT INFORMATION:**

Birthdate \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

PHN: (medical #) \_\_\_\_\_ Health Care Provider: \_\_\_\_\_

Allergies, food, health or behaviour concerns our leaders should be aware of:

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Name of sibling with support needs: \_\_\_\_\_

Nature of Support needs: \_\_\_\_\_

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**PARENT (S) / Legal Guardian**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Phone: Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email 1 Primary \_\_\_\_\_ Email 2 \_\_\_\_\_

**EMERGENCY CONTACT: (other than a parent)**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

**Phone: Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Home:** \_\_\_\_\_

<b>Currently a Member of Community Options for Children and Families?</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>If you wish to become a member, please attach completed membership form *</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Registration cannot be guaranteed until registration form and fees are received.

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.

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>Photograph Permission to Release Form</b>			
I understand and I 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 or Facebook page.			
YES, I give Consent	<input type="checkbox"/>	NO, I do NOT give Consent	<input type="checkbox"/>
Signature:	_____	DATE:	_____

**For office use only:**

Date: \_\_\_\_\_ Payment received:  Fee Waived:  Amount: \$ \_\_\_\_\_ cash/e-transfer  cheque  # \_\_\_\_\_

I would also like to make a donation of: \$ \_\_\_\_\_ Receipt issued: # \_\_\_\_\_

\*membership forms available here: [ARE YOU A MEMBER \(cocf.ca\)](http://www.cocf.ca)