



SIBSHOP REGISTRATION FORM – 2022-23 Term

Welcome to Community Options for Children and Families sibling support groups.

This year, we are pleased to offer **monthly** evening sessions for youth, our SibTeens program.

Participants can register for single sessions or for the full term (October to May).

Each session will include preparing and eating a meal together.

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
Family Support Program
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.

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 SibTeens: Ages 12-17

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

Full term cost (7 sessions) : COCF members \$150, non-members \$180

Payment method: e-transfer, cheque or cash

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

Session Time: 4:30 -7:30 PM

Dates: THURSDAYS: October 20, November 17, January 19, February 16,

March 16, April 20, May 18 (*note: no meeting in December*)

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

SIBTEENS REGISTRATION FORM TO BE RETURNED TO Community Options:

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

I am registering for the 2022-23 term (7 sessions) _____ (member \$150, non-member \$180)

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 behavior concerns our leaders should be aware of:

Name of sibling with support needs: _____

Nature of Support needs: _____

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:** _____

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

Photograph Permission to Release Form

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)