

Sibshop Registration Form

Date: ___/___/___

Name of child registering for Sibshop:

Gender: M / F

Date of Birth: _____

Age: _____

School: _____

Grade: _____

Does this child receive any special services (e.g., counseling, speech-language therapy, special education)?

Parent(s) Name(s):

Home _____ Address: _____

Home Phone: _____ Cell Phone: _____

What interests does this child have (e.g., sports, reading, card games, fishing, being outdoors, etc.):

What are your reasons for enrolling your child in the Sibshop program?

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

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

Does your child have any food allergies or restrictions?

Please provide any other information that you feel will make this an enjoyable and educational experience for your child:

Please return this form, liability form and the registration fee (\$20.00) to:

Horizons Developmental Resource Center
3120 68th Street SE
Caledonia, Michigan 49316
Phone: (616) 698-0306
Email: info@horizonsdrc.com

Please make checks payable to: Horizons Developmental Resource Center
Other forms of payment accepted: Cash, Visa & Mastercard, Paypal

Please mark your choice of payment method below:

Cash

Check

Credit Card # _____ (Mastercard or Visa)

Exp Date: _____ 3-digit security code: _____

Paypal [Email address: _____]