

Sibshop Registration Form

Date: ____/____/____

Name of Child Registering for Sibshop:

Gender: M / F

Date of Birth: _____

Age: _____

School: _____

Grade: _____

Parent(s) Name(s):

Home Address:

Home Phone: _____ Cell Phone: _____

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

Please return this form & a registration fee (\$20.00) and return to:

Horizons Developmental Remediation Center
3120 68th Street SE
Caledonia, Michigan 49316
(616) 698-0306