

**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?

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\_\_\_\_\_

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

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Does your child have any food allergies or restrictions?

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

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

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

Please make checks payable to: Horizons Developmental Remediation 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: \_\_\_\_\_]