

Brothers and Sisters of People with Special Needs Too Important to Ignore



What are Sibshops

Sibshops are celebrations of the many contributions made by brothers and sisters of kids with special needs. Sibshops acknowledge that being the brother or sister of a person with special needs is for some a good thing, others a not-so-good thing, and for many, somewhere in-between. They reflect a belief that brothers and sisters have much to offer one another—if they are given a chance. Sibshops are a spirited mix of new games (designed to be unique, off-beat, and appealing to a wide range of abilities).

The Georgia Sensory Assistance Project (GSAP) welcomes the opportunity to offer a FREE workshop just for the Sibs!!!

Dates: Saturday, January 29, 2011

OR

Saturday, March 5, 2011

Time: 9:00 – 2:00 Lunch Included

For parents who are registered and attending Georgia PINES/GSAP Parent-Professional workshop, structured activities will be provided for Sibshop participants from 2:00 – 4:30.

**Place: January – Atlanta Area School for the Deaf
March – Georgia Academy for the Blind – Macon, GA**

**For Young People Ages 7-12 years old
(Sibs age 13 – 21 may attend as a volunteer)**

Space is limited: Reserve Now!

“I don’t know exactly what helps my daughters, or what they like the best, but they always come home from a Sibshop smiling and calm. They seem to find camaraderie in experience and in spirit, even if the other kids don’t have siblings with the same exact problems as our daughter with severe disabilities.”

For Information Contact:

Jennifer Tumlin Garrett, GSAP, Phone: 678-923-4185, email: jennifertgarrett@yahoo.com

REGISTRATION DEADLINE IS Friday, January 21, 2011 for 1/29/11 Sibshop and February 25, 2011 for the 3/5/11 Sibshop. Pre-registration is required and will be limited to the first 20 who register.

Sibshop Registration

Participants must be between the ages of 7-12 years old to attend.
Those age 13 – 21 may register as a volunteer

Please indicate which Sibshop your child will attend:

_____ **January 29, 2011 at the Atlanta Area School for the Deaf**
OR

_____ **March 5, 2011 at the Georgia Academy for the Blind in Macon, GA**

_____ **Please check here if you are attending the Parent-Professional Workshop and would like your child to participate in structured activities in the afternoon.**

Name of Child/Children Attending:

1. Child's Name: _____ Birthday: _____ Age: _____
Gender: (Please Circle) Male Female
2. Child's Name: _____ Birthday: _____ Age: _____
Gender: (Please Circle) Male Female
3. Child's Name: _____ Birthday: _____ Age: _____
Gender: (Please Circle) Male Female

Does this child receive any special education support? (Speech therapy, counseling etc.) _____

Parent/Guardian Name: _____

Home Address: _____
Street /PO Box

_____ City, State, Zip Code

Day Telephone Number: (_____) _____

Evening Telephone Number: (_____) _____

Parent email: _____

Emergency Contact Name: _____

Emergency Contact Home Telephone : (_____) _____

Emergency Contact Cell Phone: (_____) _____

Name of Sibling with Special Needs: _____

Age _____ Gender: (Please Circle) Male Female

Nature of disability or illness:

Other Siblings:

<i>Name</i>	<i>Date of Birth</i>	<i>Age</i>	<i>Gender</i>

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

Does your child have any food allergies, restrictions or other health issues that the Sib Staff should be aware of?

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

Do you wish to be included on the mailing list of events and workshops?

Please circle: Yes No

Please return Registration form to:
Sibshop Coordinator
Jennifer Tumlin Garrett
Georgia Sensory Assistance Project
Georgia State University, DEPT EPSE
P.O. Box 3979
Atlanta, GA 30302-3979

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<http://education.gsu.edu/georgiadeafblindproj>