



Sibling Groups 2021-2022

Registration Form

****Please complete this form in full, and return it to Kelly Howson, Program Manager: Family Support, via e-mail, at khowson@ABLE2.org. Please note that places are allocated on a first-come, first-served basis.**

Child/Teen's name: _____

Age as of October 1, 2021 _____ Date of birth: _____

Teen's identified gender: _____

School and Grade: _____

*Food/other Allergies: _____

**Does your child/ teen carry an Epi-pen? _____

Parent's/Caregiver's Name(s) _____

Address: _____

2nd Address (if applicable): _____

Parent's/Caregiver's email: _____

2nd email (if applicable): _____

Parent's/Caregiver's phone numbers:

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

***Please include the best number to reach you during group**

Sibling(s) Information (all siblings):

Name(s):	Identified gender(s):
_____	_____
_____	_____

Date of Birth(s):	School(s):
_____	_____
_____	_____

What type of challenges, disability/disabilities do(es) the sibling(s) live with and any relevant details?
(ex. Cerebral Palsy, Down Syndrome, mobility issues, genetic disorder, Autism Spectrum Disorder, non-verbal, disruptive behaviours, etc.) :

Does your child/teen express any concerns or issues related to their sibling(s)?

How did you hear about this program? (e.g., CHEO, Children’s Aid Society, Counsellor/Social Worker, school guidance counsellor, another family, etc.)

I understand that Sibling Groups are comprised of eight sessions, running from October 2021 – May 2022, and I am accepting on behalf of my child/teen, with the intention of participating for the entire eight sessions. Please check the box to indicate your agreement with this statement.

Fee: \$240.00 (\$20.00 per hour)

Please connect with Kelly Howson, Program Manager if you have any questions.

Payment methods: E-transfer to finance@able2.org

Credit card payments (Visa, MC) by calling 613-761-9522 X 247

Cheques payable to ABLE2 and sent to 312 Parkdale Ave, Ottawa, ON K1Y 4X5

- I give ABLE2 permission for my child(ren)/teen to be photographed and/or recorded for the purpose of group activities and program evaluation. All photos and recordings will remain the property of ABLE2 – should you wish the photos or videos removed, please contact our Executive Assistant at 613-761-9522 ext. 226.
- I do not give ABLE2 permission for my child(ren)/teen to be photographed and/or recorded.
- I understand that should groups be held on a virtual platform, that my child/teen will need to consent to having their camera on during group.
- I am interested in sponsoring another child to attend groups. [We contact you to arrange this to ensure you receive a tax receipt for your donation.]

Name: _____

Relationship to Child/Teen: _____

Signature: _____ Date: _____