



Ability Benevolence Liberty Empowered  
Aptitudes Bienveillance Liberté Engagé

### Sibling Groups 2021-2022

#### Registration Form

***\*\*Please complete this form in full, and return it to Lenka Stevanovic, Program Coordinator: Family Support, via e-mail, at [lstevanovic@able2.org](mailto:lstevanovic@able2.org). Please note that places are allocated on a first-come, first-served basis.***

**Child/Teen’s name:**

Name	Date of Birth	Identified gender	School and Grade

**\*Food/other Allergies:**

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

**Parent’s/Caregiver’s Name(s):**

**Parent’s/Caregiver’s Name(s):**

**Address:**

**2<sup>nd</sup> Address (if applicable):**

**Parent’s/Caregiver’s email:**

**2<sup>nd</sup> 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**



[able2.org](http://able2.org)

312 Parkdale Avenue  
Ottawa, ON, K1Y 4X5

613-761-9522  
 1-866-222-2138  
 [info@able2.org](mailto:info@able2.org)



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**Sibling(s) Information (all siblings):**

Name	Date of Birth	Identified gender	School

**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.)**



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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 Lenka Stevanovic, Program Coordinator if you have any questions.**

**Payment methods: E-transfer to [finance@able2.org](mailto:finance@able2.org)**

**Online Payment**

**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:



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