



Ability Benevolence Liberty Empowered
Aptitudes Bienveillance Liberté Engagé

Sibling Groups

Registration Form - January-May 2022

*****Please complete this form in full, and return it to Lenka Stevanovic, Program Coordinator: Family Support, via e-mail, at 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:

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**



able2.org

312 Parkdale Avenue
Ottawa, ON, K1Y 4X5

613-761-9522
 1-866-222-2138
 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 Winter Registration is comprised of five sessions, running from January 2022 – May 2022, and I am accepting on behalf of my child/teen, with the intention of participating for the entire five sessions.

Please check the box to indicate your agreement with this statement.

Fee: \$150.00

Please connect with Lenka Stevanovic, Program Coordinator if you have any questions.

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

[Online Payment](#) 

Credit card payments (Visa, MC) by calling 613-761-9522 X 233

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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