



Genetic Services at Elwyn  
111 Elwyn Road • Elwyn, Pennsylvania 19063  
Phone: 610-891-2349 • Fax: 610-891-2377  
Website: [www.elwyngenetics.org](http://www.elwyngenetics.org)

July 22, 2009

Dear Parents,

Elwyn is pleased to introduce *Sibshops*, workshops created for the siblings of children with special needs. *Sibshops* offers brothers and sisters the opportunity to meet and talk with others who know what it is like to have a sibling with a developmental disability. *Sibshops* include a lively mixture of games, discussion, and guest speakers targeted for siblings 8 through 12 years of age. Having fun is a priority at these workshops, so comfortable clothes are a must!

Our 2009 *Sibshops* are scheduled for 1:00 – 4:00 PM on the following Saturdays: October 17, 2009; November 21, 2009; January 9, 2010; February 20, 2010; March 13, 2010; April 17, 2010; May 15, 2010; and June 12, 2010. They will be held in the John S. Cramp Administration Building, Room 317 on Elwyn's Media campus. There is a \$10 registration fee per child for each of the eight *Sibshops*. This includes the cost of all activities and a snack. A registration form is enclosed. Please register as soon as possible, as space is limited!

If you have any questions about Elwyn's *Sibshops*, please contact us at (610) 891-2349.

Sincerely,

*Mary Delany*  
Mary Delany, MS, CGC  
Genetic Counselor

*Barbara Haas-Givler*  
Barbara Haas-Givler, MEd, BCBA  
Board Certified Behavior Analyst



## Sibshop Registration Form

To register your child for *Sibshops*, please complete both sides of this form and mail or fax it to:

Mary Delany, MS, CGC  
Genetic Services at Elwyn  
111 Elwyn Road  
Elwyn, PA 19063  
FAX: 610-891-2377

Please check the appropriate box(es):

- I am interested in receiving information about future *Sibshops*.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

- I would like my child to be considered for a *Sibshops* scholarship.

- My child will participate in the following *Sibshops*:

\_\_\_\_\_ October 17, 2009

\_\_\_\_\_ November 21, 2009

\_\_\_\_\_ January 9, 2010

\_\_\_\_\_ February 20, 2010

\_\_\_\_\_ March 13, 2010

\_\_\_\_\_ April 17, 2010

\_\_\_\_\_ May 15, 2010

\_\_\_\_\_ June 12, 2010

I have enclosed a check, payable to "Elwyn Genetics", in the amount of \$\_\_\_\_\_

(\$10 x # of workshops your child will attend)

I have enclosed a donation of \$\_\_\_\_\_ for the *Sibshops* scholarship fund.

***(continued on back)***

Name of child attending *Sibshops*: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Gender: M / F

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) name(s): \_\_\_\_\_

Home address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_

E mail address: \_\_\_\_\_

Name of brother(s) or sister(s) with special needs: \_\_\_\_\_

Date of birth of child with special needs: \_\_\_\_\_ Gender: M / F

Nature of disability: \_\_\_\_\_

What kind of special education services (e.g., speech, occupational therapy, physical therapy, etc.) does this child receive? \_\_\_\_\_

Does your child (who will be attending *Sibshops*) have any food allergies or restrictions? \_\_\_\_\_

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

*I assume all risks and hazards of the conduct of the program. In case of injury, I do hereby waive all claims or legal actions, financial or otherwise, against Elwyn, their officials and employees, the organizers, supervisors, or any volunteer connected with the program. In absence of a signature, payment of fees and participation in the programs shall constitute acceptance of the conditions set forth in the release. I grant full permission to use any photographs, videotapes, recordings, or any other record of this program for any purpose.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date