

## SIB'S DAY CAMP REGISTRATION

Please mail completed registration form and fees to: 205 N. Main St./Janesville/WI/53545

### APPLICANT INFORMATION

Participant's Name:

Date of birth:

Nickname:

Grade entering in 2005-06:

Address:

City:

State: **WI**

Zip:

In order to ensure adequate volunteer to participant ratios, is your child suspected to or does your child have a diagnosis of ADD, ADHD, Depression, or Anxiety? Yes or No (*circle one*)

If yes, please explain:

Has your child ever attended Sib's Day Camp before? Yes or No (*circle one*)

### PARENT INFORMATION

Parent's name:

Cell phone:

Address (**if different from above**):

Phone:

Alternate phone number:

E-mail:

City:

State: **WI**

Zip:

### EMERGENCY CONTACT

Name of a relative not residing with you:

Phone:

Address:

City:

State:

Zip Code:

Relationship:

### SCHOOL

Name:

Principle:

Director of Special Education:

Phone:

Phone:

### SIBLING INFORMATION

Name of Sibling with Disability and/or Special Health Care Need:

Age:

Disability:

Other Siblings:

Ages:

### INSURANCE

Name

Policy#

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### SIGNATURES

*I grant individuals who staff Sib's Day Camp permission to administer first aid to my child. In case of medical emergency, I understand that every effort will be made to contact me. In the event I cannot be reached I hereby give permission to the medical facility and physician to secure proper treatment.*

*I hereby give my child permission to participate in Sib's Day Camp offered by Family Respite Care Services, Inc. I also agree to hold the Sib's Day Camp volunteers and coordinators harmless from any and all liability incurred as a result of my child's participation. Further, I grant full permission to use any photos, videotapes, web designs or any other record of this program for the purpose of Sib's Day Camp activities, education and promotion of Sib's Day Camp. I understand that Sib's Day Camp is a not-for-profit service.*

Signature of parent:	Date:
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### SIB'S DAY CAMP FEES

I would like to make a donation in honor of or in memory of a family member.	
Family member's name:	\$
11 – month registration	\$ 55.00
Non-Rock County 11– month registration fee	\$ 55.00
<b>Total fees enclosed</b> (Please make checks payable to Family Respite Care Services for Rock County)	\$
Fees include: Supplies Snacks Presenters Special Sib's Day Camps Special operational expenses <b>All scholarships need to be approved by Co-Directors in advance. To get a scholarship and see if any are available, please call our office.</b>	
<b>Scholarship # _____ Authorized by: _____ Date: _____</b>	

Please mail completed form and fees to:  
 205 N. Main St. Suite 102  
 Janesville, WI 53545

For further information, please call 608-758-0956

SIB'S DAY CAMP 2007  
(3<sup>rd</sup> Saturday of every month **except** August)

2007 Sib's Day Camp Dates:

<b>SAVE THESE DATES</b>	<b>THEME</b>	<b>SAVE THESE DATES</b>	<b>THEME</b>
January 20 <sup>th</sup>	Best friend	<b>July 21<sup>st</sup></b>	Survive Alive House
February 17 <sup>th</sup>	Cousin day	<i>August 4<sup>th</sup></i>	
March 17 <sup>th</sup>		September 15 <sup>th</sup>	
April 21 <sup>st</sup>		October 20 <sup>th</sup>	
<b>May 19<sup>th</sup></b>		November 17 <sup>th</sup>	
June 16 <sup>th</sup>		<b>December 15<sup>th</sup></b>	Holiday shopping Trip & potluck

**\*Months in bold are months for scheduled one on one activities 1-2. Free onsite childcare available.**

**\*\*Free childcare is available by RSVP only.**

Sib's Day Camp Location: United Way of Janesville  
(*unless specified otherwise*) 205 N. Main St. Suite 102  
Janesville, WI 53545  
608-758-0956

Sib's Day Camp Coordinator: Rose Helms  
Co-Director Family Respite Care (FRCS)  
for Rock County  
608-758-0956  
[family.respite@sbcglobal.net](mailto:family.respite@sbcglobal.net)

Sib's Day Camp Participant Hours: 9-1

Sib's Day Camp Requirements:

- 1) Complete a participant registration form
- 2) Pay the required annual fee: \$55/Rock County
- 3) Support Sib's Day Camp rules
- 4) Consider volunteering for Family Respite Care Services, Inc.
- 5) Refer families you know of who would benefit from Family Respite Care Services, Inc
- 6) Please mark your calendars with all the Sib's Day Camp dates.

Sib's Day Camp Supply List:

- 1) Sack lunch \*please no cans of soda\*
- 2) Water bottle
- 3) Smiles
- 4) Watch for theme days

## Goals of Sibs Day Camp

- Goal 1** Sib's Camp will provide participants of parents or siblings with special needs an opportunity to meet others like themselves in a relaxed, recreational setting
- Goal 2** Sib's Camp will provide participants with opportunities to discuss common joys and concerns with others of parents or siblings with special health care needs and/or disabilities
- Goal 3** Sib's Camp will provide participants with an opportunity to learn how others handle situations commonly experienced of parents or siblings with special health care needs and/or disabilities
- Goal 4** Sib's Camp will provide participants with an opportunity to learn more about the implications of their parent's or sibling's special health care needs and/or disabilities
- Goal 5** Sib's Camp will provide parents, family members, and other professionals with opportunities to learn more about the concerns and opportunities frequently experienced by the participants of parent's or sibling's with special health care needs and/or disabilities