

UCP Central PA Sibshop Registration

Date: _____

Child's name: _____

Date of Birth: _____ Age: _____ Gender: _____

School: _____ Grade: _____

Does this child receive any special services (counseling, speech therapy, special education)?

Parent(s) name(s): _____

Home Address: _____

Home Telephone: _____ Cell Phone: _____

E: Mail: _____

Name of brother or sister with special needs: _____

Date of Birth: _____ Age: _____ Gender: _____

Disability/Diagnosis:

School: _____

What kind of related special education services (e.g., speech, occupational, or physical therapies, class placement) does this child receive?

Other siblings

Name

Date of birth

Age

Gender

What are your reasons for enrolling your child in the Sibshop program?

Do you have any particular concerns that you would like addressed during the Sibshop?

Does your child have any food allergies?

Any additional information or comments:

Signature of parent or guardian

If you have any questions, please contact Bernadette Jayakumar at 717-836-0673. Please return the completed registration via email at familysupportservices@ucpcentralpa.org or send via U.S. postal mail along with the \$25 registration fee to:

Bernadette Jayakumar
UCP Central PA
55 Utley Drive
Camp Hill, PA 17011

