



Brothers and Sisters of Kids with Autism

Registration Form

Child's Name: _____ Date of Birth: _____

Age: _____ Gender: _____ School: _____

Does this child receive any special services (e.g. counseling, speech language therapy, special education)?

Parent (s)/Caregiver(s) Name: _____

Home Address: _____

County: _____ Home Phone: _____

Cell Phone: _____ E-Mail Address: _____

Name of Brother/Sister with Special Needs: _____

Date of Birth: _____ Age: _____ Gender: _____

Nature of Disability: _____

School: _____

Other siblings:

Name:

Date of Birth:

Age:

Gender:

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

Do you have any concerns about enrolling your child in this program?

Do you have any particular topics you would like addressed in this program?

Does your child 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 my child's participation in the **Autism Siblings** program and activities. I do hereby waive all claims or legal actions, financial or otherwise, against Hamilton County Autism Support Group, Autism Siblings, Grace Community Church, their elected or appointed officials, the organizers, sponsors, supervisors or any volunteers connected with the program. I grant full permission to use any photographs, video tapes, motion pictures, recordings or any other record of this program for any purpose. In absence of signature, payment of fees and child's participation in program shall constitute acceptance of the condition set forth in the release.*

Signature of Parent

Date

Make Checks Payable to:

Hamilton Co. Autism Support Group or HCASG

Please mail registration forms to:

Autism Siblings c/o hcasg.org
19215 Morrison Way
Noblesville, IN 46060

 *Hamilton County Autism Support Group*
... Friends in Autism