



When your child needs a hospital, everything matters.

Nationwide Children's Hospital
ATTN: Community Education
700 Children's Drive
Columbus, OH 43205-2696

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Sibshopssm

For siblings of children with autism
2020



When your child needs a hospital, everything matters.

Sibshopssm

For siblings of children with autism

Program Description

Brothers and sisters of children with autism have feelings that may be hard to express, even to a friend; sadness that a sister has trouble learning, anger when a brother’s behavior prevents the family from doing things other families do, or the special pride when their sibling learns a basic but important life skill.

At Sibshopssm, siblings will share these feelings with others who truly understand. Sibshopssm celebrates the many contributions made by brothers and sisters and engages children through fun and games to explore feelings and share information.

What Happens at Sibshopssm?

- Siblings meet each other in a relaxed, fun setting
- Talk with others who “get it” about the good and sometimes not so good parts of having a sibling with autism
- Learn how to handle situations commonly experienced by siblings of children with autism
- Learn more about their sibling’s special need
- Provide parents and other professionals with the chance to learn more about the concerns of siblings of children with autism

Who Can Attend?

6 to 12 year old brothers and sisters of children with autism.

How Many Times Can My Child Attend?

As many times as they want. The Sibshopsm program changes with every session to meet the needs of the children enrolled.

Times

Saturdays* from 10 a.m. – 2 p.m.
**December session is on a Tuesday.*

Location

Autism Sibshopssm programs are held at
Nationwide Children’s Hospital Child Development and Autism Center
187 West Schrock Road, Westerville, Ohio 43081

Parking

Free

2020 Schedule

March 21	St. Patrick’s Day Wear green if you choose, lads and lassies.
April 18	Autism Awareness It’s Autism Awareness Month. Join in the celebration.
May 16	Pajama Party Have fun at our pajama party in your favorite PJ’s.
June 20	SuperSibs! Celebrate the super sibling you are!
July 18	Sibshops Splash Day Lots of water play so bring a change of clothes! (just in case)
August 15	Sibshops Carnival Come one, come all, for Carnival Day featuring carnival games and activities. Come dressed as your favorite carnival character or use the props provided.
September 19	Buckeye Bash Football season is here! Come dressed in your Ohio State or favorite team gear!
October 17	Boo Bash Show off your Halloween costume at this faboo-lous session.
December 29	Happy Holidays! Join in as we celebrate different holidays. Dress in your favorite holiday gear if you want!

What does Sibshopssm cost?

The program fee is \$20 per child, per class. Fee includes lunch (pizza). If your child has a special dietary need, they can bring their lunch.

Cancellation and Transfer Policy

Cancellations will be given minus 30% for administrative costs up to two weeks before the program. After that time, no refunds will be given. Transfers must be requested two weeks before the program. No-shows will not be transferred.

Confirmation

A confirmation email or letter will be sent to you a week or two before the program.

2020 Registration

Sibshopssm for Siblings of Children with Autism

Participant’s Name_____ Age _____

School District _____

Participant’s Name_____ Age _____

School District _____

For more siblings, please attach additional sheet with name, age and school district.

Parent’s Name_____

Address _____

City _____ State _____ Zip _____

County _____

Daytime Phone _____

Email _____

Please check if you need:

☐ Wheelchair seating

If the child has a sibling with autism, choose from the class dates below:

- | | | |
|---------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> March 21 | <input type="checkbox"/> April 18 | <input type="checkbox"/> May 16 |
| <input type="checkbox"/> June 20 | <input type="checkbox"/> July 18 | <input type="checkbox"/> August 15 |
| <input type="checkbox"/> September 19 | <input type="checkbox"/> October 17 | <input type="checkbox"/> December 29 |

Payment: ☐ Cash ☐ Check ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

Credit Card # _____

Name on Card _____

Billing Address _____

City _____ State _____ Zip _____

Exp. Date _____ Amount enclosed: \$ _____

Make checks payable to: **Nationwide Children’s Hospital**

Mail with this form to:

Community Education, Nationwide Children’s
700 Children’s Drive | Columbus, Ohio 43205
or register online at **NationwideChildrens.org/Edu**