



## Yaldei SibClix Registration Form

*Yaldei has recognized the great need for sibling support. The Siblings Program is designed to provide a safe and informative support system and network for the brothers and sisters of special children living on Shlichus without access to a Frum peer group.*

*If you would like your children to participate in the SibClix program, please fill out the following information and attach to your general registration form.*

General Information		
<b>Sibling Name:</b>		
<b>Gender:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>DOB/Grade:</b>	/ /	
<b>Age in relation to sibling with special needs:</b>	Older <input type="checkbox"/> Younger <input type="checkbox"/>	
<b>Where do they attend school:</b>		
<b>Lives at home:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Attends sleep away camp:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Sibling Name:</b>		
<b>Gender:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>DOB/Grade:</b>	/ /	
<b>Age in relation to sibling with special needs:</b>	Older <input type="checkbox"/> Younger <input type="checkbox"/>	
<b>Where do they attend school:</b>		
<b>Lives at home:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Attends sleep away camp:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Sibling Name:</b>		
<b>Gender:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>DOB/Grade:</b>	/ /	
<b>Age in relation to sibling with special needs:</b>	Older <input type="checkbox"/> Younger <input type="checkbox"/>	
<b>Where do they attend school:</b>		
<b>Lives at home:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Attends sleep away camp:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Sibling Name:</b>		
<b>Gender:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>DOB/Grade:</b>	/ /	
<b>Age in relation to sibling with special needs:</b>	Older <input type="checkbox"/> Younger <input type="checkbox"/>	
<b>Where do they attend school:</b>		
<b>Lives at home:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Attends sleep away camp:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Sibling Name:</b>		
<b>Gender:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>DOB/Grade:</b>	/ /	
<b>Age in relation to sibling with special needs:</b>	Older <input type="checkbox"/> Younger <input type="checkbox"/>	
<b>Where do they attend school:</b>		
<b>Lives at home:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Attends sleep away camp:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Age in relation to sibling with special needs:	Older <input type="checkbox"/>	Younger <input type="checkbox"/>
Where do they attend school:		
Lives at home:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attends sleep away camp:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sibling Name:		
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
DOB/Grade:	/ /	
Age in relation to sibling with special needs:	Older <input type="checkbox"/>	Younger <input type="checkbox"/>
Where do they attend school:		
Lives at home:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attends sleep away camp:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sibling Name:		
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
DOB/Grade:	/ /	
Age in relation to sibling with special needs:	Older <input type="checkbox"/>	Younger <input type="checkbox"/>
Where do they attend school:		
Lives at home:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attends sleep away camp:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sibling Name:		
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
DOB/Grade:	/ /	
Age in relation to sibling with special needs:	Older <input type="checkbox"/>	Younger <input type="checkbox"/>
Where do they attend school:		
Lives at home:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attends sleep away camp:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address:		
City/State:		
Zip code:		
Country:		
Time Zone:		
Do you or your child have access to a Gmail account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child know how to log in to an online school classroom/Adobe Connect?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please email completed forms to [Sholly@yaldei.com](mailto:Sholly@yaldei.com) or fax to 718-989-8586

***Yaldei Shluchei HaRebbe – Special Needs Organization***

**Address:** 353 Kingston Av #302 Brooklyn, NY 11213 **Phone:** 646-558-5800 **Fax:** 718-989-8586

**Web:** [www.yaldei.com](http://www.yaldei.com)

