



**Sibshops is for kids who have a brother or sister with a chronic medical condition or developmental needs.**

**Please return this form to the Child Life Department via e-mail, mail, or in person.**

**Email:** [mayosibshop@mayo.edu](mailto:mayosibshop@mayo.edu)

**Mail:** Child Life Program  
Mayo Clinic Sibshops  
1216 Second St. SW  
Rochester, MN 55902



For more information and registration contact us at:

**507-255-4091**  
**[mayosibshop@mayo.edu](mailto:mayosibshop@mayo.edu)**



*An opportunity for siblings to connect with others experiencing similar circumstances.*

MAYO CLINIC | [mayoclinic.org](http://mayoclinic.org)  
200 First Street SW | Rochester, MN 55905

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## Events

Sibshops are for kids who have a brother or sister with special health or developmental needs.

Sibshops events are held multiple times throughout the year. Events are divided by age groups:

**6-13 Years**

**14-18 Years (Teen Edition)**



### Here's what kids say about Sibshops:

*"At Sibshops you get to meet other brothers and sisters of kids with special needs."*

*"At Sibshops you can talk about the good and not-so-good parts of having a brother or sister who has special needs."*

*"Sibshops are fun!"*

## Goals

Sibshops gives siblings the chance to talk about their issues with others who "get it." Children who participate in Sibshops will have the opportunity to:

- **Explore their feelings regarding how having a sibling with special health or developmental needs affect them**
- **Express how they view their family and their place in it**
- **Relate to and have fun with kids facing similar circumstances**
- **Enhance their awareness of how important they are**
- **Have fun by playing games, doing crafts, and physical activities.**



## Let us Contact You!

Provide the following information and we will let you know about upcoming events.

**Child's Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Any helpful information to know:

\_\_\_\_\_  
\_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Any helpful information to know:

\_\_\_\_\_  
\_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Brother/Sister's Name:** \_\_\_\_\_

Age: \_\_\_\_\_

Briefly describe their medical need(s):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_