

Program Goals

1. Provide a chance to meet other siblings in a relaxed, fun setting.
2. Discuss common joys and concerns with other sibling.
3. Learn how others handle situations commonly among siblings.
4. Learn more about their sibling's support needs.
5. Let parents learn about the concerns and opportunities commonly experienced by siblings.

The I BELONG Pledge:

I BELONG. We are committed to making sure Sibshopssm are spaces in which every child and teacher feels a sense of belonging. We are devoted to creating a positive, safe, supportive, and comfortable setting where everyone can thrive in ways that are helpful and meaningful to them.

- Follow the teachers' directions at all times.
- Take part in all activities.
- Keep the area safe for all.
 - Use kind words – no negative talk directed at others.
 - Keep hands, feet and other body part to oneself. No touching other children.

Student who does not follow these rules may be asked to leave and may not be allowed to take part in Sibshopssm classes in the future .

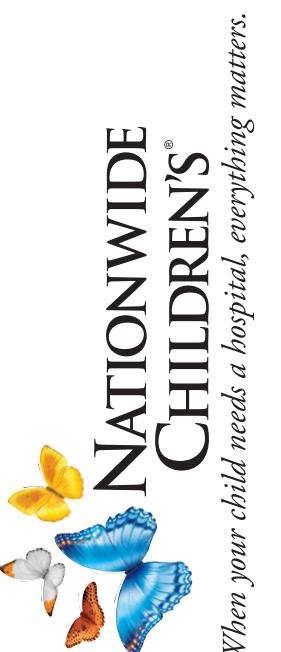
NONPROFIT ORG.
U.S. POSTAGE
PAID
COLUMBUS, OH
PERMIT NO. 777



Sibshopssm

For siblings of children with autism and
other developmental delays

2026



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



Sibshopssm

For siblings of children with autism and other developmental delays

Program Description

Brothers and sisters of children with autism and other developmental delays 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 or another developmental delay
- Learn how to handle situations commonly experienced by siblings of children with autism and other developmental delays
- 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 developmental delays

Who Can Attend?

6 to 12 year old siblings of children with autism and other developmental delays.

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.

Location

Sibshopssm programs are held at

Nationwide Children's Hospital

Child Development and Autism Center

187 West Schrock Road, Westerville, Ohio 43081

2026 Schedule

February 7	Sweetarts and Candy Hearts!
March 14	Gaming Galore!
April 4	Autism Awareness
May 2	Spring is Here
June 6	Summer Fun
July 11	Independence Day
August 1	Super Sibs!
September 5	Buckeye Bash
October 17	Boo Bash
November 21	Thanksgiving Gobble
December 19	Ugly Sweater Party

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.

To Register Online:

- Login or create a new account
- Enter the information of the person who will be attending the program
- Select None or Other for Degree, Occupation, Medical ID, etc.
- Fill in required fields that have a*
- Continue to Payment *Registrations are not confirmed without payment



2026 Registration

Sibshopssm for siblings of children with autism and other developmental delays

Participant's Name _____ Age _____

School District _____

Participant's Name _____ Age _____

School District _____

Siblings Diagnosis _____

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 or other developmental delay, choose from the class dates below:

February 7 March 14 April 4 May 2
 June 6 July 11 August 1 September 5
 October 17 November 21 December 19

Note: Payment is due at the time of registration

Payment: Cash Check Visa MasterCard AmEx Discover

Credit Card # _____

Name on Card _____

Billing Address _____

City _____ State _____ Zip _____

Exp. Date _____ Amount enclosed: \$ _____

Register online at NationwideChildrens.org/Edu or

Mail this form to:

Community Education, Nationwide Children's
700 Children's Drive | Columbus, Ohio 43205

Please enclose a check made payable to: Nationwide Children's Hospital