



SIBLINGS GROUP

Northway Child Name.....Class.....

Sibling Name 1 Age.....School.....

Would they like to attend a Northway Siblings group? Yes / No (please circle)

Sibling Name 2 Age.....School.....

Would they like to attend a Northway Siblings group? Yes / No (please circle)

Sibling Name 3 Age.....School.....

Would they like to attend a Northway Siblings group? Yes / No (please circle)

Sibling Name 4 Age.....School.....

Would they like to attend a Northway Siblings group? Yes / No (please circle)

What activities would they like to do whilst at the group? (Please circle)

School tour Swimming Sports games Dancing Art

Cooking Play in the playground Watch a movie Sensory Room

Trampolining Talks from people at school Time to chat with other children

Other? Please state.....
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When would be best for the group to run? After school At the weekend

Please complete this form and send it back into school by 06/12/19