Recreational Activities for the Developmentally Disabled

5801 Washington Ave., Suite #103, Racine, WI 53406 Phone: 262-633-0291 • Fax: 262-633-0299 Email: info@radd-cpa.org • Website: www.radd-cpa.org



Fall 2018 Adult Registration Form

Partici	pant Information:	

First Name:	Middle Initial:	Last Name:							
Birth Date:	Participant Phone:								
Will anyone accompany this part	icipant during activities	□ NO							
*Please note that all part	icipants are required to submit an Ar	nnual Application to RADD yearly!							
Contact Information:									
☐ Parent ☐ Guardian ☐ Se	lf 🔲 Group Home Staff 🔲 Othe	er							
Contact Name:	Name: Group Home Name:								
Address:	City:	Zip Code:							
Phone 1:	Phone 2:								
Email:	F	Prefer Contact By: 🔲 Email 🖵 Phone							
Method of Payment: Party Re	sponsible for payment: Agency	☐ Guardian ☐ Parent ☐ Self Pay							
Name of Agency:	Consultant Name:								
Consultant Phone:	Consultant Email:								

Fall Activities

Each participant is responsible for the seasonal registration fee of \$10 to join RADD.

X	Program Activity	Amount	Agency	Self Pay	Total	For Office Use Only	Status
	Seasonal Registration Fee REQUIRED	\$10.00			\$10.00		
	Dance Club (5 Sessions)	\$30.00					
	Dance Class (5 Sessions)	\$50.00					
	Chair Yoga (5 Sessions)	\$80.00					
	Bowling Club <a> League (5 Sessions)	\$60.00					
	or	or					
	Bowling Club <a> Leisure (5 Sessions)	\$45.00					
	Sunshine Club (6 Sessions)	\$80.00					
	Movies (5 Sessions)	\$75.00					
	Cooking Class (6 Sessions)	\$80.00					
	Overnight Respite - Sept. 21 - 22	\$200.00					
	Overnight Respite - Oct. 19 - 20	\$200.00					
	Overnight Respite - Nov. 16 - 17	\$200.00					
	Overnight Respite - Jan. 11 - 12	\$200.00					

^{*}A 24 hour cancellation notice is required for all Respite or the parent/guardian will be responsible for payment*