

Recreational Activities for the Developmentally Disabled

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Spring 2019 Youth Registration Form

Participant Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Birth Date: _____ Participant Phone: _____

Will anyone accompany this participant during activities YES NO

*Please note that all participants are required to submit an Annual Application to RADD yearly!

Contact Information:

Parent Guardian Group Home Staff Other _____

Contact Name: _____ Group Home Name: _____

Address: _____ City: _____ Zip Code: _____

Phone 1: _____ Phone 2: _____

Email: _____ Prefer Contact By: Email Phone

Method of Payment: Party Responsible for payment: Agency Guardian Parent Self Pay

Name of Agency: _____ Consultant Name: _____

Consultant Phone: _____ Consultant Email: _____

X	SPRING PROGRAM ACTIVITIES	AMOUNT	SELF PAY	AGENCY	TOTAL	For Office Use Only	Status
	Youth Respite Overnight 01/25/19	\$295.00					
	Youth Respite Overnight 02/22/19	\$295.00					
	Youth Respite Overnight 03/22/19	\$295.00					
	Youth Respite Overnight 04/26/19	\$295.00					
	Youth Respite Overnight 05/17/19	\$295.00					
	Youth Respite Overnight 05/31/19	\$295.00					
	4 hour respite 4-8 pm 01/18/19	\$60.00					
	4 hour respite 4-8 pm 02/15/19	\$60.00					
	4 hour respite 4-8 pm 03/01/19	\$60.00					
	4 hour respite 4-8 pm 04/05/19	\$60.00					
	4 hour respite 4-8 pm 05/03/19	\$60.00					
	6 hour respite 10:30a-4:30p 01/21/19	\$90.00					
	6 hour respite 10:30a-4:30p 03/08/19	\$90.00					
	6 hour respite 10:30a-4:30p 04/14/19	\$90.00					
	MOVIES (5 sessions)	\$85.00					

A cancellation notice of at least 48 hours is required for Respite or the parent/guardian will be responsible for payment