

# Recreational Activities for the Developmentally Disabled

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## Fall 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	Fall Program Activities	Amount	Self Pay	Agency	Total	For Office Use Only	Status
	Overnight Respite-Sept. 6 <sup>th</sup> -7 <sup>th</sup>	\$295.00					
	Overnight Respite – Oct. 4 <sup>th</sup> -5 <sup>th</sup>	\$295.00					
	Overnight Respite – Nov.1 <sup>st</sup> -2 <sup>nd</sup>	\$295.00					
	Overnight Respite – Dec.6 <sup>th</sup> -7 <sup>th</sup>	\$295.00					
	<b>NEW Kids SWIM &amp; Zumba (7 sessions)</b>	\$140.00					
	<b>6 Hour Respite</b>						
	Sept. 28th	\$90.00					
	Oct. 24th	\$90.00					
	Oct.25th	\$90.00					
	Nov. 8th	\$90.00					
	Nov. 23rd	\$90.00					
	<b>X-MAS PARTY December 15<sup>th</sup> 12-3</b>	FREE					
	<b>TOTAL:</b>						

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