

Recreational Activities for the Developmentally Disabled

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2020 WINTER/SPRING YOUTH Registration Form

Participant Information: **Please register early as spots fill up fast!**

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 Self 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: _____

WINTER/SPRING Activities

X	Program Activity	Amount	Agency	Self Pay	Total	For Office Use Only	Status
	6- HOUR RESPITE - Feb 15th	\$90.00					
	6- HOUR Respite – Mar 14 th	\$90.00					
	6- HOUR Respite – Apr 25 th	\$90.00					
	6- HOUR Respite – May 30 th	\$90.00					
	Overnight Respite – Jan 24 th	\$295.00					
	Overnight Respite – Feb 28 th	\$295.00					
	Overnight Respite – Mar 20 th	\$295.00					
	Overnight Respite – Apr 17 th	\$295.00					
	Overnight Respite – May 8 th	\$295.00					
	Overnight Respite – Jun 12 th	\$295.00					

A 24-hour cancellation notice is required for all Respite or the parent/guardian will be responsible for payment

Cerebral Palsy Agency of Racine