

Recreational Activities for the Developmentally Disabled

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Fall 2021 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! Authorizations and all RADD paperwork must be received before the day of the activity.**

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 Sunday 6-Hour Respite	AMOUNT	SELF PAY	AGENCY	TOTAL	For Office Use Only	Status
	Youth 6-Hour Respite 10/17/2021 (Sunday- 12pm-6pm)	\$90.00					
	Youth 6-Hour Respite 11/14/2021 (Sunday- 12pm- 6-pm)	\$90.00					
	Youth 6-Hour Respite 12/05/2021 (Sunday- 12pm- 6pm)	\$90.00					
	X-Mas Party 12/12/2021 (12pm- 3pm)	FREE					
	Total:						

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