



Recreational Activities for the Developmentally Disabled

CEREBRAL PALSY AGENCY OF RACINE
 3312 Washington Ave., Racine, WI 53405
Phone: (262) 633-0291 **Fax:** (262) 633-0299
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Website: radd-cpa.org

► Winter/Spring YOUTH Registration Form

Participant Information

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

Birth Date: _____ Participant Phone: _____

Will anyone accompany this participant during activities? Yes No

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 - Responsible for payment:

G.T. Independence I-Life Premier DDIS Community Care Self-Pay

Name of Agency: _____ Consultant Name: _____

Consultant Phone: _____ Consultant Email: _____

PROGRAM ACTIVITY	AMOUNT	AGENCY	SELF PAY	TOTAL	FOR OFFICE USE ONLY	STATUS
6 Hour Respite (01/28)	\$115.00					
6 Hour Respite (02/25)	\$115.00					
6 Hour Respite (03/18)	\$115.00					
6 Hour Respite (04/29)	\$115.00					
6 Hour Respite (05/13)	\$115.00					
6 Hour Respite (06/10)	\$115.00					
Overnight Respite (01/06)	\$315.00					
Overnight Respite (02/03)	\$315.00					
Overnight Respite (03/31)	\$315.00					
Overnight Respite (04/14)	\$315.00					
Overnight Respite (05/05)	\$315.00					
Overnight Respite (06/02)	\$315.00					
Must be registered to attend!						

Please do not bring your child more than 5 minutes before the start of activities. We will not be able to let them in. Overnight respites have a 5pm drop off; 6-hour respites have an 11am drop off.

A 48-hour cancellation notice is required for ALL programs or parents/guardians will be responsible for payment. Please note that all participants are required to submit an Annual Application to RADD yearly.