

Recreational Activities for the Developmentally Disabled

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Adult Day Service Registration Form

Participant Information:

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

Birth Date: _____ Contact 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: _____ EMAIL: _____

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

Name of Agency: _____ Consultant Name: _____

Consultant Phone: _____ Consultant Email: _____

Event/Week	Day Service Program \$94.50 DAILY RATE 9am to 4pm Daily	Busing \$52.50 Daily	Agency	Self-Pay	Office Use	Status
All Weeks Offered!	Number of days per week? _____	Y/N				
	Circle the days: M, T, W, TH, F					
January:						
February:						
March:						
April:						
May:						
June:						
July:	NO DAY SERVICE THIS MONTH! ENROLL IN CAMP KINDER!					
August:						
September:						
October:						
November:						
December:						

THERE WILL BE NO DAY SERVICE FROM THE END OF JUNE THROUGH THE MIDDLE OF AUGUST!

* RADD Day Service will be offered throughout the entire year with the exceptions of Holiday weeks and during summer months of Kinder Summer Day Services. BUSING AVAILABLE AT \$52.50 DAILY RATE!!