

# 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 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
<b>All Weeks Offered!</b> Please write which weeks you would like on the line next to each month.	Number of days per week? _____	Y/N				
	Write the days below: M, T, W, TH, F					
<b>August:</b> Weeks 3 & 4						
<b>September:</b> Weeks 1,2,3 & 4						
<b>October:</b> Weeks 1,2,3 & 4						
<b>November:</b> Weeks 1,2,3 & 4						
<b>December:</b> Weeks 1,2 & 3						

\* 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!!