

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
All Weeks Offered! 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					
January: Weeks 1,2,3,4 & 5						
February: Weeks 1,2,3 & 4						
March: Weeks 1,2,3 & 4						
April: Weeks 1,2,3 & 4						
May: Weeks 1,2,3 & 4						
June: Weeks 1,2,3 & 4						
July: Weeks 1,2,3,4 & 5						
August: Weeks 1,2,3 & 4						
September: Weeks 1,2,3 & 4						
October: Weeks 1,2,3,4 & 5						
November: Weeks 1,2,3 & 4						
December: 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!!