



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
Email: program.coordinator@radd-cpa.org
Website: radd-cpa.org

► Fall 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
6 Hour Respite (09/23)	\$115.00				
6 Hour Respite (10/14)	\$115.00				
6 Hour Respite (11/11)	\$115.00				
6 Hour Respite (12/09)	\$115.00				
Overnight Respite (9/01)	\$315.00				
Overnight Respite (10/06)	\$315.00				
Overnight Respite (11/03)	\$315.00				
Overnight Respite (12/01)	\$315.00				
Prime Rib Dinner Fundraiser	\$30.00/person				
Christmas Party	FREE				
Number of people attending fundraiser	----->				
and Christmas Party.					

Please do not come more than 5 minutes before the start of activities.

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.