

**R.A.D.D. LLC**  
**Recreational Activities for the**  
**Developmentally Disabled**

3015 Pritchard Dr.  
 Mt. Pleasant, WI 53406  
 Phone: 262-633-0291 • Fax: 262-633-0299  
 Email: program.coordinator@radd-cpa.org



**YOUTH Registration Form**

**Participant Information:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Guardian's number: \_\_\_\_\_

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: \_\_\_\_\_

**Plan Start Date:** \_\_\_\_\_

**WINTER/SPRING**

X	Program Activity	Amount	Agency	Self-Pay	TOTAL	STATUS
	6- Hour respite- January 6 <sup>th</sup>	\$115.00				
	6- Hour Respite – February 24 <sup>th</sup>	\$115.00				
	6- Hour Respite – March 2 <sup>nd</sup>	\$115.00				
	6- Hour Respite- April 20 <sup>th</sup>	\$115.00				
	6-Hour Respite- May 11 <sup>th</sup>	\$115.00				
	6-Hour Respite June 1 <sup>st</sup>	\$115.00				
	Overnight Respite-January 19 <sup>th</sup>	\$315.00				
	Overnight Respite-February 2 <sup>nd</sup>	\$315.00				
	Overnight Respite-March 22 <sup>nd</sup>	\$315.00				
	Overnight Respite-April 26 <sup>th</sup>	\$315.00				
	Overnight Respite-May 17 <sup>th</sup>	\$315.00				
	Overnight Respite-June 7 <sup>th</sup>	\$315.00				

Please **don't** bring your child early. Our staff needs the time to set up. Overnight respites have a 5pm drop off and the 6-hour have a 11am drop off. Thank you for your consideration.

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 Website: [www.radd-cpa.org](http://www.radd-cpa.org)



## YOUTH Registration Form

**FALL**

X	Program Activity	Amount	Agency	Self-Pay	TOTAL	STATUS
	6- Hour respite- September 28 <sup>th</sup>	\$115.00				
	6- Hour Respite – October 26 <sup>th</sup>	\$115.00				
	6- Hour Respite – November 23 <sup>rd</sup>	\$115.00				
	6- Hour Respite- December 21 <sup>st</sup>	\$115.00				
	Overnight Respite- September 20 <sup>th</sup>	\$315.00				
	Overnight Respite- October 18 <sup>th</sup>	\$315.00				
	Overnight Respite- November 1 <sup>st</sup>	\$315.00				
	Overnight Respite- December 13 <sup>th</sup>	\$315.00				
	<b>Christmas Party- December 15<sup>th</sup> 12pm-3pm</b>	<b>FREE</b>	Number of people attending: _____			
	<b>Fundraiser Dinner: November 16<sup>th</sup> @5pm</b>	<b>\$30.00</b>	<b>Must be accompanied by Parent/Guardian!</b> Number of People attending: _____			

**Christmas Party:** Our Christmas Party is free to all participants and one guest. For any additional guests there will be a fee of \$20.00 per person for anyone over the age of 12 years old. Please write the number of people attending in the area provided above that way we have an accurate count. The location for the Christmas party will be sent out when the event gets closer. Participants (and number of guests) must be in 3 weeks prior to the Christmas Party.

**Prime Rib Dinner Fundraiser:** Tickets for our Prime Rib Dinner Fundraiser will be \$30.00 per person. Please write the number of people attending in the area provided above. Participants will need to be accompanied by a parent or guardian for this event. The staff will be working the event and will not be able to meet the needs of our participants. The time and location for the fundraiser will be sent out when the event gets closer. Tickets must be purchased 2 weeks prior to the fundraiser dinner for us to have an accurate count.

If you have any questions, please feel free to contact our office at 1-262-633-0291.