



Expressive Therapy Center, LLC
 10810 Darnestown Road, Suite 103, N. Potomac, MD 20878
 P: 301.869.1017, ext. 1/ F: 301.755.9493

Today's Date: _____

Xpress Yourself Camp Application (2019)

*Please send completed application to camp@expressivetherapycenter.com or via fax at 301-755-9493
 Location

Rockville, MD
 10810 Darnestown Rd, Ste 103, N. Potomac, MD 20878

Session Preference [Please select session(s)]

<input type="checkbox"/> Social Skills Session I July 15 th – July 19 th : 10am – 1:30pm	<input type="checkbox"/> Social Skills Session II July 22 th – July 26 th : 10am – 1:30pm
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Client & Contact Information

Client Name _____ DOB ____/____/____ Gender _____
 School _____ Grade in Fall 2018 _____

Home Address _____
 Home Phone (____) _____ - _____

Marital Status of Parent(s)/Guardian(s): Single / Married / Domestic Partners / Separated / Divorced / Widowed

Parent/Legal Guardian 1: _____
 Contact Info: Cell (____) _____ - _____ Work (____) _____ - _____

Parent/Legal Guardian 2: _____
 Contact Info: Cell (____) _____ - _____ Work (____) _____ - _____

Emergency Contact: _____
 Contact Info: Cell (____) _____ - _____ Work (____) _____ - _____

Medical Information

Medications _____
 Allergies _____
 MD _____ Phone (____) _____ - _____

Will you be submitting for insurance reimbursement? Yes No

Cancellation Policy

100% Refund: Cancellation 2 weeks or more before session start. No refunds within 6 days before session start.	50% Refund: Cancellation 1 week before session start. No charge to change sessions if openings are available.
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Payment Information

Cost: **\$385** (+ \$20 material fee to be paid in CASH on the 1st day of camp - Please DO NOT include \$20 material fee with application.)

Payment Method: Cash Check# _____ Visa/MC/Discover (Enter credit card info below.)

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VISA/MC/AMEX/Discover Account #

	/		
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Expiration Date

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Security Code

Name as it appears on Credit Card _____ Cardholder's Signature _____ Date _____

*All credit card fields required. With my signature, I authorize Expressive Therapy Center to charge my credit card as noted above. I realize it is my responsibility to inform ETC of any changes to my credit card information.

Client Name: _____

What would you like us to know about your child?

Before & After Care Sign Up

To be eligible for Before or After Care, you must sign up in advance.

Cost is \$10/hour, to be paid in cash that day.

Earliest Drop-Off Time: 8:30am

Latest Pick-Up Time: 3:30pm

Day	Early Drop-Off Time	Late Pick-Up Time
Monday	_____ am	_____ pm
Tuesday	_____ am	_____ pm
Wednesday	_____ am	_____ pm
Thursday	_____ am	_____ pm
Friday	_____ am	_____ pm

How did you hear about our camp? (Please specify)

<input type="checkbox"/> Website _____	<input type="checkbox"/> Doctor _____	<input type="checkbox"/> Friend _____
<input type="checkbox"/> Magazine _____	<input type="checkbox"/> Other _____	

* Please expect a call from your child’s therapist/counselor approximately 4 days in advance of your start date to discuss your particular goals. At the end of the camp, you will receive a statement in the mail that details charges and payments that will allow you to submit to your insurance carrier for potential reimbursement. *Please contact the administrative office at 301-869-1017 ext. 2 with any questions.*

Reminder: Please do not include \$20 materials fee payment with camp application. This should be brought to your child’s therapist on the first day of camp, in CASH ONLY. The camp fee of \$385 should be included with the camp application, payable by cash, check or credit card.

ETC is not responsible for the children prior to or after the scheduled camp program, unless they are enrolled in Before or After Care. In the event of a medical emergency where the emergency contact cannot be reached, I authorize ETC to transport my child to the nearest emergency room.

Parent/Guardian Signature

For ETC Use Only

Copy for: Billing Director Therapist

Payment Rec’d? Billing Conf. Call: _____

Client Entered: Invoice Created:

Pmt Entered: Inv & Stmt Printed:

Session: I II

Date

For ETC Use Only

Therapist: _____ Therapist Call: _____

End Mtg: _____ am/pm

Dx Needed? Yes No Dx Code: _____