



Expressive Therapy Center, LLC

10810 Darnestown Road, Suite 103, North Potomac, MD 20878
Phone: 301.869.1017 ext. 1 / Fax: 301.755.9493

Today's Date: _____

ETC Summer Camps Application (2025)

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

- 1) **Preschool Camp:** June 23-27 from 9:30am-12:30pm
- 2) **Creative Coping for the School Year, Grades 2-5:** July 14-18 from 9:30am-12:30pm
- 3) **Transition to Middle School:** July 21-25 from 9:30am-12:30pm
- 4) **Art and Mindfulness, Grades 6-8 :** July 28-August 1 from 9:30am-12:30pm
- 5) **K1 Readiness, Grades K-1 :** August 4- 8 from 9:30am-12:30pm
- 6) **Inner Warrior Acting, Grades 3-5:** August 11-15 from 9:30am-12:30pm

CIRCLE/UNDERLINE/HIGHLIGHT THE CAMP(S) YOU WISH TO SIGN UP FOR

Client Name _____ Date of Birth _____ Age _____
 School _____ Gender _____
 Grade in Fall 2025 _____
 Home Address _____
 Home Phone (____) _____ - _____ Email: _____
 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. 50% Refund: Cancellation 1 week before session start.
 No refunds within 6 days before session start. No charge to change sessions if openings are available.

Payment Information

In-Person Cost: Check Below for Pricing Information
 (Material fee to be paid in CASH on the 1st day of camp - Please DO NOT include material fee with application if your camp requires one).
 Payment Method: Cash Check# _____ Visa/MC/Discover (Enter credit card info below.)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

VISA/MC/AMEX/Discover Account #

____|____| / ____|____|

Expiration Date

____|____|

Security Code

Name as it appears on Credit Card

Cardholder's Signature

Date

ETC Camp Pricing

****All 2025 Summer Camps are \$475 for the week****

****Camp fees may be eligible for insurance reimbursement****

Plus a \$25 Cash Materials Fee (Paid on Day One)

*FOR POSSIBLE OUT OF NETWORK REIMBURSEMENT, PLEASE CONTACT YOUR
INSURANCE COMPANY FOR MORE INFORMATION*