



Expressive Therapy Center, LLC

10810 Darnestown Road, Suite 103, N. Potomac, MD 20878
P: 301.869.1017, ext. 1 or 703.349.5225 ext. 1/ F: 301.755.9493

Today's Date: _____

Kindergarten & First Grade Preparation Camp Application

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

In-Person Session (K-1st)
August 8th-12th, 9:00am -12:00 pm

Client & Contact Information

Client Name _____ DOB _____ Gender _____
 School _____ Grade in Fall 2022 _____

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. 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

In-Person 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

