

## Expressive Therapy Center, LLC

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

Toc	lay's Date:	

## **Express Yourself Summer Camp Application (2023)**

\*Please send completed application to <u>camp@expressivetherapycenter.com</u> or via fax at 301-755-9493.

July 10 - July 14, 2023 10 am - 1:30 pm 1st - 9th grade

Chent & Contact Information		
Client Name	DOB	_ Gender
School		_
Home Address		
Home Phone ()	Email:	
Marital Status of Parent(s)/Guardian(s): Single	/ Married / Domestic Partners /	Separated / Divorced / Widowed
Dagant/Legal Counting!		
Parent/Legal Guardian1:	Work	
Contact IIIIo. Ceii ()	WOIK ()	
Parent/Legal Guardian 2:		
Parent/Legal Guardian 2:	Work ()	
Emergency Contact:		
Contact Info: Cell ()	Work ()	
Allergies		
MD		Phone ()
Will you be submitting for insurance reimburser	ment?  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 charg	ge to change sessions if openings are available.
Payment Information		
In-Person Cost: \$425(+ \$20 material fee to be paid in C	CASH on the 1st day of camp - Please D	O NOT include \$20 material fee with application.)
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Payment Method: Cash Check#	Visa/MC/Discover (En	ter credit card info below.)
VISA/MC/AMEX/Discover Account #	Expiration Date	Security Code
	-	•

What would you like us to know about your child?	
	· · · · · · · · · · · · · · · · · · ·
How did you hear ahout our camp? (Please specify)	
Website D	Occtor Friend
Magazine C	Other
goals. At the end of the camp, you will receive a statement in the your insurance carrier for potential reimbursement. <i>Please contact t</i> Reminder: Please do not include \$20 materials fee payment with	exposimately 4 days in advance of your start date to discuss your particular mail that details charges and payments that will allow you to submit to the administrative office at 301-869-1017 ext. 2 with any questions.  I camp application. This should be brought to your child's therapist of the early should be included with the camp application, payable by
cash, check or credit card.	
	er the scheduled camp program. In the event of a medica ached, I authorize ETC to transport my child to the neares
Parent/Guardian Signature	Date
For ETC Use Only  Copy for: Billing Director Therapist	For ETC Use Only Session:   K-5
Payment Rec'd? Billing Conf. Call:	Therapist: Therapist Call:
Client Entered:  Invoice Created:	End Mtg: am/pm
Pmt Entered:  Inv & Stmt Printed:	Dx Needed? Yes No Dx Code:
Fint Entered:	DATACCICCI: Lites Lites DA Couc.

\*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.