

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)

Website _____
 Magazine _____

Doctor _____
 Other _____

Friend

* 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 \$375 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:

Date

For ETC Use Only

Session: I II

Therapist: _____ Therapist Call: _____

End Mtg: _____ am/pm

Dx Needed? Yes No Dx Code: _____