

Name as it appears on Credit Card	Cardholder's Signature	Date
<p><u>*All credit card fields required.</u> 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.</p>		

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a thin black border around the edges.

Day	Early Drop-Off Time	Late Pick-Up Time
Monday	_____am	_____pm
Tuesday	_____am	_____pm
Wednesday	_____am	_____pm
Thursday	_____am	_____pm
Friday	_____am	_____pm

☐ Website \_\_\_\_\_ ☐ Doctor \_\_\_\_\_ ☐ Friend \_\_\_\_\_  
☐ Magazine \_\_\_\_\_ ☐ Other \_\_\_\_\_

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.

Copy for:	<input type="checkbox"/> Billing	<input type="checkbox"/> Director	<input type="checkbox"/> Therapist
Payment Rec'd?	<input type="checkbox"/> Billing Conf. Call:	_____	
Client Entered:	<input type="checkbox"/> Invoice Created:	<input type="checkbox"/>	
Pmt Entered:	<input type="checkbox"/> Inv & Stmt Printed:	<input type="checkbox"/>	

Session:    ☐ I    ☐ II

Therapist:    \_\_\_\_\_    Therapist Call: \_\_\_\_\_

End Mtg:    \_\_\_\_\_ am/pm

Dx Needed? ☐ Yes    ☐ No    Dx Code: \_\_\_\_\_