



Expressive Therapy Center, LLC
10810 Darnestown Road, Suite 103, N. Potomac, MD 20878
P: 301.869.1017, ext. 1 / F: 301.755.9493

Program/Camp Registration for 17 & Under (2020)

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

Client & Contact Information

Form with fields for Client Name, School, Home Address, Home Phone, Email, Marital Status, Parent/Legal Guardian 1 & 2, and Emergency Contact.

Medical Information (if attending in-office) & Insurance Information

Form with fields for Medications and Allergies.

Cancellation Policy

100% Refund: Cancellation 3 weeks or more before session start. 50% Refund: Cancellation 2 weeks before session start. Credit for future service: Cancellation 1 week or less before session start. Credit is valid for up to one year.

Payment Information

Form with fields for Program Name(s), Cost, and Payment Method (Cash, Check, Visa/MC/Discover).

Grid for VISA/MC/AMEX/Discover Account #

VISA/MC/AMEX/Discover Account #

Grid for Expiration Date

Expiration Date

Grid for Security Code

Security Code

Name as it appears on Credit Card Cardholder's Signature Date
*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.

