

## SUMMER EXPERIENCE REGISTRATION FORM

Program fee is \$190.00 per week for Half Day Program (9am–12pm) & \$260.00 per week for Full Day Program (9am–3pm). A \$75.00 non-refundable deposit (credited to your tuition) is required to hold your space. Our program takes place at Beth Chaim Reform Congregation, 389 Conestoga Rd., Malvern, PA 19355.

**Balances are due no later than 1 week before your program week unless special arrangements are made in advance.**

Failure to comply with the fee payment policy may result in loss of space. If you withdraw your child, for any reason, all registration fees are forfeited. Once the program begins, no refunds or deductions are made for days missed.

Checks are payable to **Beth Chaim Schmata Productions**. Credit cards are accepted; please email [Gina@SchmataProductions.org](mailto:Gina@SchmataProductions.org) for details.

***Please send completed form and fee to our off-season address:***

422 Northside Road, Elverson PA 19520

Please complete this form in its entirety.

**Child's Name**

\_\_\_\_\_

(A separate form must be completed for each child)

**Address**

\_\_\_\_\_

Age as of July 1, 2025 \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade entering in 2025-2026 \_\_\_\_\_ School \_\_\_\_\_

My child's T-shirt size is: Youth: S M Y Adult: S M L

**Parents' Names** (or legal guardians)

\_\_\_\_\_

Address (if different from child)

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell #1 (Who?) \_\_\_\_\_ Cell #2 (Who?) \_\_\_\_\_

E-Mail \_\_\_\_\_

## Health and Emergency

Accidents happen most often when you least expect them. This form will be made available to emergency personnel should your child need immediate emergency care. Treatment will not be given without your permission unless it is an emergency. All participants must provide their own medical insurance.

Person(s) to be contacted in emergency **if parent/guardian cannot be reached.**  
**PLEASE DO NOT LIST PARENT/GUARDIAN INFO FROM 1<sup>st</sup> PAGE:**

**Name**

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**Relationship**

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**Phone #s**

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**Name**

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**Relationship**

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**Phone #s**

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List Allergies, Medical or Dietary information, Special Needs, Chronic problems, and Medications your child is presently taking (use additional paper if needed):

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Under no circumstances will staff allow a child to be released to someone other than those designated on this form without advance written permission.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

## **Discipline**

It is very important to the staff that the children have fun while they are with the program, but we also expect the children to be respectful of authority and cooperate with us for their safety and the safety of all students and staff. The staff depends on each child's parent/guardian to impress upon their child the necessity of good behavior. Staff will communicate with the parent/guardian of any behavior problem. If problem persists the parent/guardian will be contacted and child will be expelled from the program immediately. No refunds will be issued.

## **Photos and Videos**

For many years Schmata Productions has made photographs from our Summer Experience weeks into movies shared with family and friends at the end of our week. These photos or movies may also be used in our brochure, on our website, or at summer camp fairs. No identifiers (such as names and ages) are used. Please indicate here if your child's photo may **NOT** be used in this manner.

I do **NOT** give permission for my child \_\_\_\_\_  
to have their photo used for any publicity purposes such as brochures, website, etc.

## **AGREEMENT**

I (We) agree to save, hold harmless, and indemnify Beth Chaim Schmata Productions, Beth Chaim Reform Congregation, its officers, directors, supervisors, and staff for any loss, injury, damage, or other liability which occurs or may occur in connection with my child's participation in this program. I (We) verify that the information provided on this form is complete and accurate, agree to abide by the rules and the fee structure for services rendered, and give consent for child to receive emergency medical care and be transported by staff or EMS personnel in an emergency.

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Signature of Parent/Guardian # 1

Date

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Signature of Parent/Guardian #2

Date