

# Schmata Productions Summer Experience 2025

Balances are due 1 week before your program week unless special arrangements are made in advance.

Checks are payable to **Beth Chaim Schmata Productions.**

(Our off-season mailing address is 422 Northside Road, Elverson, PA 19520)

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## Theater Experience

**July 7 - 11**

Child 1 (Name) \_\_\_\_\_ Half Day \_\_\_\_\_ Full Day \_\_\_\_\_

Child 2 (Name) \_\_\_\_\_ Half Day \_\_\_\_\_ Full Day \_\_\_\_\_

Child 3 (Name) \_\_\_\_\_ Half Day \_\_\_\_\_ Full Day \_\_\_\_\_

## Eco ~ Art

**July 14 - 18**

Child 1 (Name) \_\_\_\_\_ Half Day \_\_\_\_\_ Full Day \_\_\_\_\_

Child 2 (Name) \_\_\_\_\_ Half Day \_\_\_\_\_ Full Day \_\_\_\_\_

Child 3 (Name) \_\_\_\_\_ Half Day \_\_\_\_\_ Full Day \_\_\_\_\_

**Early Drop Off (8 AM)? Yes No      Late Pick Up (after 3/till 5)? Yes No**

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TOTAL number of FULL DAY weeks attending: \_\_\_\_\_ x \$260.00 = \_\_\_\_\_

TOTAL number of HALF DAY weeks attending: \_\_\_\_\_ x \$190.00 = \_\_\_\_\_

TOTAL number of EARLY DROP OFF DAYS: \_\_\_\_\_ x \$5.00 = \_\_\_\_\_

TOTAL number of LATE PICK-UP DAYS: \_\_\_\_\_ x \$5.00 = \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

TOTAL number of DEPOSITS (1 deposit per child per week) : \_\_\_\_\_ x \$75.00 = \_\_\_\_\_

(Please remember to deduct deposit from balance due)

**BALANCE DUE:** \_\_\_\_\_

**We prefer to pay DEPOSIT / BALANCE / BOTH (circle 1) by Credit Card. Please send us an invoice. I understand a \$3 processing fee will be added.**

**Parent/Guardian Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_