

Schmata Productions Summer Experience 2026

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

Checks are payable to **Schmata Productions.**

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

Theater Experience

July 6 - 10

Child 1 (Name) _____ Half Day _____ Full Day _____
Child 2 (Name) _____ Half Day _____ Full Day _____
Child 3 (Name) _____ Half Day _____ Full Day _____

Nature Art

July 13 - 17

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

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: _____