



Engaging the mind, moving the body, enriching the soul, sharing smiles...

Joey Travolta's Short Film Camp - Summer 2010



Presented by:
MarbleJam Kids

Location: SAINT PETER'S COLLEGE- -333 HUDSON TERRACE - ENGLEWOOD CLIFFS, NJ

Dates: August 2nd-August 12th

Times: 9:30 am – 4:00 pm, Monday-Thursday

\$500.00 deposit must accompany all applications, due by June 15th, 2010 -

Tuition Fee: \$1000.00 per student. Balance due by June 25st, 2010

Contact: MarbleJam Kids – Phone: 201-497-6512 Fax: 201-263-9037

email: jtfilmcamp@marblejamkids.org or visit www.marblejamkids.org for downloadable application.

Requirements to attend this camp are as follows:

- Individuals must be between the ages of 9-23
- Enrollment open to typical peers and individuals with ASD or other special needs who function at a level that enables them to participate fully in this program.

Requirements include the following:

- Must have good attending skills
- Must demonstrate behavior that will not impede active and effective participation in camp
- Verbal skills preferred
- Must participate in the program in its entirety (see sample schedule)
- Must be accompanied by qualified support staff (provided by the family) if support staff 1:1 is required at school.
- Must be able to work in groups of 6 with one adult support person.

Please complete and submit your child's application today! Space is limited.
(Please Complete One Form Per Applicant)

Mail to: MarbleJam Kids Inc
6 Klein Court
Old Tappan, NJ 07675
ATTN: FILM CAMP ADMIN



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Production Schedule

Day 1:

9:30am-12:00pm Dancing (movement as a group to warm –up) Divide camp into 3 groups according to age, Intro. to Acting Exercises, Film Terms

12:00pm-1:00pm Lunch

1:00pm-4:00pm Group Short Film Development

Day 2:

9:30am-12:00pm Dancing, Acting Exercises, Film Terms

12:00pm-1:00pm Lunch

1:00pm-4:00pm Continue to Develop Script & Intro. to Lighting

Day 3:

9:30am -12:00pm Dancing, Acting Exercises, Film Terms

12:00pm-1:00pm Lunch

1:00pm – 4:00pm Introduction to Camera & Locking Script

Day 4:

9:30am -12:00pm Dancing, Acting Exercise Film Terms

12:00pm-1:00pm Lunch

1:00pm-4:00pm Casting Film, Script Budget Breakdown

Day 5:

Group 1 Shoot Day

9:30am -12:00pm Dancing, Acting Exercises, Film Terms

12:00pm-1:00pm Lunch

1:00pm-4:00pm Group 2 & Group 3 continue prep of films

Day 6:

Group 2 Shoot Day

9:30am -12:00pm Dancing, Acting Exercises, Film Terms

12:00pm-1:00pm Lunch

1:00pm-4:00pm Group 1 Editing Film, Group 3 continue prep of film

Day 7:

Group 3 Shoot Day

9:30am -12:00pm Dancing, Acting Exercises, Film Terms

12:00pm-1:00pm Lunch

1:00pm-4:00pm Group 1 continues post production, Group 2 Editing Film,

Day 8:

9:30am -12:00pm Dancing, Acting Exercises, Film Terms, Editing Group 3

12:00pm-1:00pm Lunch

1:00pm-4:00pm Screening of rough cut of films, Pizza Party, Goodbyes



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Film Camp 2010 Emergency & Permission to Treat Form

(Please Complete One Form per Applicant)

Camper Name: _____

Camper Date of Birth: _____ Gender: _____ Male _____ Female

Camper Cell Phone *(optional)*: _____ Camper Email *(Optional)* _____

Mother/Guardian Name: _____

Home Phone: _____ Cell/Business Phone: _____

Email: _____

Father/Guardian Name: _____

Home Phone: _____ Cell/Business Phone: _____

Email address: _____

Does your camper have any of the following: Medical Conditions or Physical Limitations; please describe: _____

Allergies, please describe: _____

Dietary Restrictions, please describe: _____

Other; please describe: _____

Currently taking medication; please provide: _____

Will medication(s) need to be administered at camp? _____ No _____ Yes
(A medication form will need to be completed before the first day of camp.)

Medical Insurance Coverage

Company Name: _____ Member ID #: _____

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____



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Emergency Contacts (If parent(s)/guardian(s) cannot be reached)

Name: _____ Phone: _____

Relationship: _____ Cell Phone: _____

Name: _____ Phone: _____

Relationship: _____ Cell Phone: _____

Name: _____ Phone: _____

Relationship: _____ Cell Phone: _____

Permission to Treat

In the event I cannot be reached in an emergency, I give my permission to camp personnel to call 911 and/or contact a medical treatment facility or physician to secure proper medical treatment for my child and I will be responsible for any expenses incurred as a result of this emergency.

Signature of Parent or Guardian

Date



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2010 Application Form -- Joey Travolta's ASD Summer Inclusion Film Camp
(Please Complete One Form per Applicant)

Applicant Name: _____ Age _____

Date of Birth: _____ Gender: ___ Male ___ Female

Home Address: _____

Home Phone: _____ Email: _____

Mother/Guardian Name: _____ Cell/Work Phone: _____

Father/Guardian Name: _____ Cell/Work Phone: _____

T-Shirt Size (Circle): Adult Sizes: AS AM AL AXL
Youth Sizes: YM (10-12) YL (14-16)

School Attending: _____ Grade (Entering Fall 2010): _____

Please provide a school reference (e.g, teacher, principal, counselor, behaviorist):

Name of Reference: _____ Phone: _____

E-Mail: _____ Fax: _____

1. Has your child been diagnosed with a disability?

No: Peer Participant* _____ *(Peer participant: some questions may not apply.)

Yes: _____ please describe:

2. Describe your child's interests and educational program: (Favorite activities, topics of interest, school program, community program, in school and/or private therapies, etc.)



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3. Does your child require a personal 1:1 aide at school? No Yes

4. Will his/her aide be attending this film camp? No Yes.

Aide's Name: _____

5. How does your child understand and interpret information? (*Reads, uses written notes to assist with auditory understanding, writes, uses picture schedule or written schedule, etc.*)

6. How does your child communicate?

Conversational ___ Phrases ___ Single Words ___ Points to Pictures ___ Aug. Comm. Device ___

7. What support helps your child communicate better? Verbal Prompts ___ Pictures ___ Written Text ___

Please describe:

8. What is challenging for your child in a large group?

Attending ___ Asking Questions ___ Responding ___ Compromising ___ Contribution to a Group ___

Accepting Feedback ___ Listening to Other's Opinions ___ Staying on Track with Task ___

Other; please describe:

9. What challenging behaviors does your child experience? (*Aggression towards classmates/adults, leaving areas without permission, tantrums, fighting, verbal abuse, refusing to complete work, etc.*)



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10. Does your child? (Y/N) Ask Questions ____ Stay on Topic of Other's Interest ____ Discuss Topics of Own Interest ____ Ask for More Information ____ Make Comments About What Others Say ____

11. What type of behavioral support does your child receive?

12. Behavior Intervention Plan (Please Attach!) Behavior Services; please describe frequency of support, how support is provided, if assistants are present/what they do:

13. In what situations is your child the most comfortable?

14. What situations make your child uncomfortable? (What happens, what makes the situation worse, what helps most?)

15. What would you like to see your child get out of this experience?

Signature of Parent or Guardian

Date



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2010 Full Release and Indemnification Agreement Form

Joey Travolta's Short Film Camp (mandatory for participation)

For and in consideration of my child's, _____ (*please print name*), participation in the Joey Travolta Short Film Camp (*date*) Aug. 2nd, 2010 through (*date*) Aug. 12th, 2010 and other valuable consideration, the undersigned parent(s) or guardian(s) consent to their child participating in all activities associated with the camp and release MarbleJam Kids Inc, Little Documentary Films, LLC, and Saint Peters College, its members, employees, officers, and/or Board of Directors and all participating volunteers and campers from any liability or claim resulting from any accident or injury sustained by my family member during the camp activities. Further I/we agree to indemnify and assume all expenses, costs and fees, and losses arising from said injury or accident to said family and to hold MarbleJam Kids Inc, Little Documentary Films, LLC, and Saint Peter's College, its members officers and/or Board of Directors, employees and volunteers, consultants, and all campers free and harmless there from.

Signature of Parent or Guardian

Date

2010 Photograph/Video and Name Release Form

Joey Travolta's Short Film Camp (mandatory for participation)

I give my permission to post photos/release video and use my child's first name _____ (*please print name*) on the websites of MarbleJam Kids Inc., Full Inclusion Films, and other promotional material for the Joey Travolta Short Film Camp as well as for research, teaching publications, film festivals, media, and documentation.

Signature of Parent or Guardian

Date



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Payment

Camp fee of 1000.00 due by June 25st. A deposit of \$500 must accompany this application and must be received by June 15th in order to hold your spot. *If your child is not selected your deposit will be fully refunded.* The balance of the tuition must be received by June 25st.

Please make checks payable to MarbleJam Kids Inc.

My check # _____ is enclosed for Deposit _____ or payment in full _____.

Please Accept my Credit Card Payment (Visa MC only) _____

Name: _____
(As it appears on card)

Billing Address: _____

Phone: _____

Cc: Visa _____ Master Card _____ Amount: _____

Card # _____ Exp. Date: _____

V-Code _____

Below to be filled by MJKs Staff:

Date Received _____

Deposit _____ *Paid in Full* _____ *Balance Due* _____

CC payment _____ *Check #* _____