

Joey Travolta's ASD Summer Inclusion Film Camp

Presented by:
Full Circle of Choices, Futures Explored
and
Supporting Artists on the Spectrum

Location: St. Mary's College, 1928 St. Mary's Road, Moraga, CA 94575

Dates: June 29 - July 10, 2009

Times: 10:00 am - 3:00 pm, M-F

Tuition: \$1,500 (payable in full by June 15th)
\$200 deposit must accompany all applications, due by June 10th

Contact: 925-284-3240 ext.320 or visit www.futures-explored.org and click on the ASD Film Camp tab, for more information.

Regional Center of the East Bay (RCEB) Consumers: You must contact your Case Manager to request this camp be included in your IPP and to request a Purchase of Service Authorization for camp (Full Circle, Vendor #: HB0595, Service Code:850 - Camping Services). You must provide the camp deposit with your application. The deposit will be considered part of the Family Cost Participation Co-Pay and adjustments (either refunds or additional Co-Pay requests) will be made upon receipt of the Purchase of Service Authorization. Any refunds will be sent in mid to late August. Any additional Co-Pay (above the deposit), as determined by RCEB guidelines are due by June 15th. Please include the name of your Case manager and contact information on the application.

Requirements to attend this camp are as follows:

- Individuals must be between the ages of 10-22
- Open to typical peers and ASD individuals who can function at a level that will enable them to participate fully in this program. This would include the following:
 - Must have good attending skills;
 - Demonstrate behavior that will not impede active and effective participation in camp;
 - Verbal skills preferred; and
 - Must participate in the program in its entirety (see sample schedule)
 - Must be accompanied by qualified support (provided by the family) if support 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!!!!

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Sample Schedule

Day 1:

10:00am-12:00pm
Introductions and Warm-Ups
12:00pm-12:45pm Lunch
1:00pm-3:00pm Script development

Day 2:

10:00am-12:00pm Warm-Ups,
Terminology, Discuss role of
Director of Photography
12:00pm-12:45pm Lunch
1:00pm-3:00pm Work on group
projects

Day 3:

10:00am-12:00pm Warm-Ups,
Terminology, role of Director
12:00pm-12:45pm Lunch
1:00pm - 3:00pm Project
development; acting exercises

Day 4:

10:00am-12:00pm Warm-Ups,
terminology, discuss lighting
12:00pm-12:45pm Lunch
1:00pm-3:00pm Finalize scripts;
improv games

Day 5:

10:00am-12:00pm Acting
12:00pm-12:45pm Lunch
1:00pm-3:00pm Casting

Day 6:

10:00am-12:00pm Warm-ups, location
scouting, role of editor and sound
12:00pm-12:45pm Lunch
1:00pm-3:00pm Block scenes; finalize
wardrobe, props, locations, set up shots

Day 7:

SHOOT/LOCATION DAY

Day 8:

SHOOT/LOCATION DAY

Day 9:

10:00am-12:00pm Pickup shots
12:00pm-12:45pm Lunch
1:00pm-3:00pm Dailys

Day 10:

10:00am-12:00pm Editing, Music, Sound
12:00pm-12:45pm Lunch
1:00pm-3:00pm Party/Rough Cut

Futures Explored, Inc.

3547 Wilkinson Lane

Lafayette, CA 94549

www.futures-explored.org

**2009 Application Form -- Joey Travolta's ASD Summer Inclusion Film Camp
(Please Complete One Form per Applicant)**

Applicant Name: _____

Date of Birth: _____ Gender: Male Female

School: _____ Grade: _____

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)

Has your child been diagnosed with a disability? No; peer participant*

Yes; please describe:

***(Peer participant: Parent signature on page 2; then skip to pages 3 and 4.)**

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

Does your child have a full or part time aide at school? No Yes

Will his/her aide be attending this film camp? No Yes. Aide's Name: _____

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.)

How does your child communicate? Conversational Phrases Single Words Points to Pictures

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

Please describe:

What is challenging for your child in a large group? Attending Asking Questions Asking Questions

Compromising Contribution to a Group Accepting Feedback Listening to Other's Opinions

Staying on Track with Task Other; please describe:

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

Does your child? Ask Questions Stay on Topic of Other's Interest Discuss Topics of Own Interest

Ask for More Information

Make Comments About What Others Say

What type of behavioral support does your child receive? Behavior Intervention Plan (**Please Attach!**)

Behavior Services; please describe frequency of support, how support is provided, if assistants are present/what they do:

In what situations is your child the most comfortable?

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

Signature of Parent or Guardian

Date

(Please Complete One Form Per Applicant)

2009 Full Release and Indemnification Agreement Form
Joey Travolta's ASD Summer Inclusion Film Camp

For and in consideration of my child's, _____(please print name), participation in the Joey Travolta ASD Summer Inclusion Film Camp from June 29 through July 10, 2009, 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 Full Circle of Choices, Joey Travolta ASD Inclusion Film Camp, Futures Explored, Supporting Artists on the Spectrum (SAS), and St. Mary's 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 Full Circle of Choices, Joey Travolta ASD inclusion Film Camp, Futures Explored, SAS and St. Mary'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

2009 Photograph and Name Release Form
Joey Travolta's ASD Summer Inclusion Film Camp

I give my permission to post photos and use my child's name _____(please print name) on the websites of Full Circle of Choices, Futures Explored, Supporting Artists on the Spectrum, Full Inclusion films, and other promotional material for the Joey Travolta ASD Summer Inclusion Film Camp.

Signature of Parent or Guardian

Date

Payment

Camp fee is \$1,500 per camper, due by June 15th.

A deposit of \$200 must accompany this application and must be received by March 27th in order to hold your spot. The balance of the tuition must be received by June 15th. If you are a Regional Center consumer, the deposit will be considered part of the Family Cost Participation Co-Pay and adjustments (either refunds or additional Co-Pay requests) will be made upon receipt of the Purchase of Service Authorization. Any refunds will be sent in mid to late August. Any additional Co-Pay (above the deposit), as determined by RCEB guidelines are due by June 15th. ***We must receive a Purchase of Service (POS) from RCEB authorizing camp no later than May 31st or you will be required to pay as a private pay camper (i.e. tuition payable in full by June 15th).*** Please contact your case manager at RCEB as soon as possible to request camp and to generate the POS if you want RCEB to provide support for this camp.

Please make checks payable to ***Futures Explored***.

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

I will make my deposit/payments by Credit Card on-line at www.futures-explored.org ASD Film Camp Tab

I am a Regional Center of the East Bay client. My Case Manager Name & Contact Information is:

Case Manager: _____ Phone: _____

Email Address: _____

Futures Explored, Inc.

3547 Wilkinson Lane
Lafayette, CA 94549

**Film Camp 2009 Emergency & Permission to Treat Form
(Please Complete One Form per Applicant)**

Camper Name: _____

Camper Date of Birth: _____ Sex: Male Female

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

Mother/Guardian Name: _____

Home Phone: _____ Cell/Business Phone: _____

Email Address: _____

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: _____

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

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