



## ADULT INFORMATION FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender:    Male    Female

How many of the children in your care have a disability or condition expected to last for a year or more that makes it harder for your child to do things that other child of the same age can do?

Are you proficient in English?    Yes    No

Other language(s) spoken in your home:

    Spanish    Haitian Creole    Other: \_\_\_\_\_    None

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Ethnicity:    Hispanic    Haitian    Other, please specify: \_\_\_\_\_

Child's Race:    American Indian or Alaskan    Asian    Black or African American  
                  Pacific Islander    White    Other    Multiracial

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

Primary Phone Number: \_\_\_\_\_ Is this a cell/mobile phone?    Yes    No

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### ***For Staff Use Only (Must Be Completed)***

Organization: Florida Film Institute / SITE SFC 2024



## CHILD INFORMATION FORM

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Child's Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Child's Gender: Male Female

Child's Current School: \_\_\_\_\_

Is your child proficient in English? Yes No

Other language(s) spoken in your home:  
Spanish Haitian Creole Other: \_\_\_\_\_ None

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Ethnicity: Hispanic Haitian Other, please specify: \_\_\_\_\_

Child's Race: American Indian or Alaskan Asian Black or African American  
Pacific Islander White Other Multiracial

Child's Current Grade: \_\_\_\_\_

Does child have health insurance? (ex., private insurance, KidCare, Medicaid) Yes No

Child's Phone Number: \_\_\_\_\_ Is this a cell/mobile phone? Yes No

We want to get to know your child better so that we can provide the best possible experience in our programs. Please tell us more about your child...

What are the main ways in which your child communicates? (Mark all that apply)

- |   |   |
|---|---|
| Speaks and is easily understood                     | Uses gestures or expressions like pointing, pulling, smiling, frowning, or blinking |
| Speaks but is difficult to understand               | Uses sign language  |
| Uses communication devices like pictures or a board | Uses sounds that are not words like laughing, crying, or grunting                   |

What, if any, help does your child receive at this time? (Mark all that apply)

- |   |                                      |
|---|--------------------------------------|
| Behavioral therapy of services            | Physical Therapy (PT)                |
| Counseling for emotional concerns         | Special education services in school |
| Daily medication (not including vitamins) | Speech/language therapy              |
| Occupational Therapy (OT)                 | None of the above                    |

What conditions does your child have that are expected to last for a year or more?  
(Mark all that apply)

- |  |  |
|--|--|
| Autism spectrum disorder                           | Physical disability or impairment  |
| Developmental delay (only if under age 5)          | Problems with aggression or temper   |
| Intellectual/developmental disability (over age 5) | Problems with attention and hyperactivity (ADHD)                           |
| Hearing impairment or deaf                         | Problems with depression or anxiety  |
| Learning disability (school age)                   | Speech or language condition   |
| Medical condition or illness                       | Visual impairment or blind   |
|  | None of the above  |
|  | Holding a crayon/pencil, writing, using scissors or other fine motor tasks |
|  | Sports or physical activities like running or other gross motor tasks      |
|  | Managing feelings and behavior   |
|  | Academic, learning or reading activities                                   |
|  | Adapting activities to take into account a visual or hearing impairment    |
|  | Using assistive device(s) like a wheelchair, crutches, brace or walker     |
|  | Personal services like help with feeding, toileting or changing clothes    |
|  | Other  |

# FFI AUTHORIZATION FOR PHOTO/VIDEO



I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ hereby authorize and give consent to service providers and the staff of FLORIDA FILM INSTITUTE, INC. as follows:

I hereby: **consent and authorize** or **do not consent** and authorize the staff of Florida Film Institute, Inc. to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes.

Signature of Parent or Guardian:

Signature of Witness:

Date:

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children, or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of Florida Film Institute, Inc., and its funders.

With regard to the use of any Recordings taken of you, your children, or wards, you hereby waive any and all present and future claims you may have against Florida Film Institute, Inc their staff, service providers, employees, agents, affiliates and Board members.



# FFI SCRIPT AND FILM AGREEMENT

Film Title: Working Title

Location: Summer Film Camp 2024

Film Title: Working Title Location: – Summer Film Camp 2024 FFI and our funders have exclusive “intellectual property” rights to the scripts and films that are produced through the 2024 Summer Film Camp CINEMA program. If any of the material appears on any social internet site without the written permission by FFI, the film will immediately be disqualified from present and future film festival consideration.

We hope that many, if not all, of the films created each year will be considered for local, state, and national student film festivals. Film festivals have rules and guidelines that do not permit a film to be entered into a festival if the film has been broadcast on TV, cable channels and social media websites.

We know that students are easily addicted to social media, internet etc. They want to upload and download anything especially something they have created. We produce a DVD copy for each of them to share with their family, friends, demo reel and college applications.

Parent - Print Your Name:

Parent - Signature:

Date:

Student - Print Your Name:

Student - Signature:

Date:



# FFI MEDICATION / ALLERGY INFORMATION

## REQUEST FOR MEDICATION INFORMATION

Does your child take any medications? Please indicate Yes or No. Yes No  
If Yes, please complete the form below.

Child's Name:

Medication Name: Time Of Day: AM PM

Side Effects / Anticipated Reactions:

Special Instructions (if applicable):

Parent / Guardian Signature: Date: \_\_\_\_\_

## REQUEST FOR FOOD ALLERGY INFORMATION

Does your child have a food allergy? Please indicate Yes or No. Yes No  
If Yes, please complete the form below.

To ensure the safety of your child at FFI's Summer Film Camp CINEMA Program, we are requesting that you complete the following Food Allergy/Severe Food Allergy Information. This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to FFI in order to enable us to take necessary precautions for your child's safety. Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

**IF YOUR CHILD DOES NOT HAVE A FOOD ALLERGY/SEVERE FOOD ALLERGY PLEASE INDICATE NO ALLERGY AND RETURN THE FORM SIGNED AND DATED.**

Food: Nature of allergic reaction to the food:

Child's Name:

Parent / Guardian Signature: Date:



# FFI'S LETTER OF COMMITMENT

## STUDENTS STATEMENT OF INTENT

I understand that participation in the 2024 FFI-CINEMA Summer Film Camp is an honor to attend. Therefore, as a participant, I will commit to:

- Be present and on time everyday
- Complete all production tasks during/after camp hours and participate in-person filming days & either in-person or virtual premiere screening (date TBA)
- Commit fully to the program and give it my BEST
- Treat myself and others with respect
- Be open to new experiences and challenges
- Must complete all pre and post program paperwork

By signing my name below, I am letting you know that I understand the expectations you have for students accepted into the FFI-CINEMA Summer Film Camp. I also understand that this commitment lasts from (June 17th – July 26th, 2024). **I understand that failure to fulfill these expectations is grounds for dismissal from the program.**

Student - Signature:

Date:

## PARENT STATEMENT OF INTENT

By signing my name below, I commit to supporting and encouraging my child for the duration of the 2024 FFI-CINEMA Summer Film Camp:

- Avoiding to schedule activities that may conflict with participation
- Ensuring he/she/them/they attends regularly and punctually during camp sessions
- Ensuring he/she/them/they is at camp until the end of each session
- Ensuring he/she/them/they completes production tasks
- Attending the in-person or virtual premiere screening (date TBA)
- Must complete all pre and post program paperwork

**I understand that failure to fulfill these expectations is grounds for dismissal from the program for my child.**

Parent - Signature:

Date: