THE MONTESSORI ACADEMY
EDISON LAKES

SUMMER 2023
SCRIPTING & VIDEO
PRODUCING CAMP
WITH MS. JETTA

Storytelling, storyboarding and scripting for video - students turn ideas into stories, develop characters and concepts, and bring them all together into a comprehensive video short.

Day 1: Create the story, concept and recording
Day 2: Edit the footage into a video short using iMovie

TIME
9:00 a.m. - 3:00 p.m.
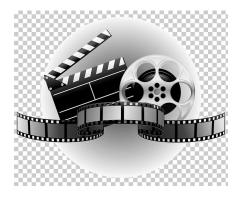Before Care offered, if enough interest, from 8:30 - 9:00 a.m.

CAMP DATES
Monday & Tuesday, June 26 & 27

FOR STUDENTS CURRENTLY IN GRADES
4th - 8th
(during the 2022-23 school year)

COST
$125

All materials are provided.
Students should bring a lunch and a reusable water bottle.
Minimum of 4 students needed.

Please complete registration form on reverse side.

The Montessori Academy Edison Lakes, 530 East Day Road, Mishawaka, IN 46545
574-256-5313 * www.tmael.org

2023 Scripting & Video Producing Camp Registration Form

Child's Name_____ ( ) Male ( )Female

Child's Birthdate_____ Child's 2022-2023 Grade Level_____

Parent/Guardian Name _____ Signature_____

Please return this form to The Montessori Academy front office, no later than May 31st, with check payable to: The Montessori Academy

_____June 26 & 27 (_____w/before care)

$125 and $10 for before care, if needed

All families must complete Parent/Guardian's Contact Information; Emergency Contact Information and Authorization and Consent for Medical Treatment.

Parent/Guardian's Contact Information

Address_____

City/State/Zip_____ Home Phone_____

Work Phone_____ Cell Phone_____

Alternate Phone_____ Email_____

Emergency Contact Information

The school may contact the following person if unable to reach a parent. *(All families are required to list an emergency contact person other than the parents.)*

Name_____ Relationship_____

Home Phone_____ Work Phone_____

Cell Phone_____

Authorization and Consent for Medical Treatment

Child's Name_____

In the event that I am unable to be reached, I hereby authorize Ms. Jetta Cruse to sign on my behalf any and all forms required in order to obtain emergency medical or hospital care for my child named above, and I specifically authorize and request that necessary emergency treatment be provided by you to my child. I realize that I am responsible for payment for such emergency care. A photocopy of this Authorization and Consent for Medical Treatment shall have the same force and effect as the original.

_____   _____
Parent/Guardian Signature   Date   Parent/Guardian Signature   Date

_____   _____
Printed Name   Printed Name