



FILM CAMP REGISTRATION

PART A - General Information

Application Date: _____

STUDENTS INFORMATION

First Name: _____ Last Name: _____

Nickname: _____ Age: _____ Date of Birth: _____ Gender: _____

Home Address: _____ City: _____ State: _____ Zip: _____

School Name: _____ School County: _____

PARENT/GUARDIAN INFORMATION

Mother's Full Name: _____

Occupation: _____ Company Name: _____

Email: _____ Cell Phone #: _____ Work Phone #: _____

Father's Full Name: _____

Occupation: _____ Company Name: _____

Email: _____ Cell Phone #: _____ Work Phone #: _____

Parents Marital Status: Married Living Together Separated Divorced Single

Student lives with: Both parents, same household Both parents, different households Mother only Father only

Check if applicable: Joint Custody Mother has custody only Father has custody only



Kid Watson

HEALTH INFORMATION

Does your child have any physical challenges that would require the assistance of one of our staff member? Yes No
Please describe:

Does your child have any food, pet or other allergies? Yes No
Please describe:

Does your child take any medications? Yes No
Please list:

Filming and photography takes place in our facility on a consistent basis. By your child participating in our program, you consent for them to be photographed, filmed and/or otherwise recorded. By signing below you certify that the information contained on this application is complete and accurate as of the time of signing.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

PART B - Student Profile

FILM CAMP - STUDENT PROFILE

Please list the top three goals for your child in our program:

1
2
3

Please rate your child's interest level and experience in the following areas:

SUBJECT	VERY INTERESTED	SOMEWHAT INTERESTED	NOT INTERESTED	PREVIOUS EXPERIENCE
Camera Operator				
Director of Photography				
Video Editor				
Director				
Producer				
Audio/Sound Engineer				
Other supporting positions				

PART C - Additional Documentation

The Admissions Team will consider the suitability of our program for your child's unique requirements. To assist with this process, please include the following with your application:

1. Covid-19 Liability Waiver
2. Trip & General Liability Waiver
3. Portfolio or list of previous experience in the Film/TV industry. *(if any)*

Thank you for your interest in applying for the Watson Academy - Kids Film Camp!

Please complete both Part A and Part B together and submit with the requested documentation from Part C and the \$29.00 Registration Fee to:

The Watson Academy, LLC
 1640 Roswell Street, Suite J
 Smyrna, Ga. 30080



We will inform parents of acceptance as soon as possible following the assessment/class visit.

Weekly Session Fee - \$250.00 (per child)
Sibling discount available for parents with multiple enrolled children