

CREATIVE ARTS

CHARTER SCHOOL

EST . 1994

MS MATH CAMP 2018

Incoming 6th Graders-Outgoing 8th

Session 1

6/11-6/22/18

ALGEBRA:

- 1) Seeing Structure in Expressions
- 2) Arithmetic with Polynomials and Rational Expressions.
- 3) Creating Equations.
- 4) Reasoning with Equations and Inequalities.
- 5) Functions.
- 6) Linear Quadratic and Exponential Model.

\$550 per 2 week session
9AM-12:30PM (additional hours available from 1:00-2:00PM for one-on-one or small groups)

Payment Types Accepted: Check, Cash, Mastercard, Visa, Amex
<https://creativeartscharter.org/donate-annual-fund/> (please click other and type summer camp in box)

Session 2

6/25-7/6/18 (minus 7/4/18)

ANALYTIC & SYNTHETIC GEOMETRY:

- 1) Congruence.
- 2) Similarity, Right Triangles and Trigonometry.
- 3) Circles:
 - a) Understanding and apply theorems about circles.
 - b) Find the arc length and area of sectors of circles.
- 4) Expressing Geometric Properties with Equations.
- 5) Geometric Measurement and Dimension.
- 6) Modeling with Geometry:
 - a) Apply geometric properties in modeling situations.
- 7) Analytic and Synthetic Proofs.

\$520 per 2 week session (minus 1 day)
9AM-12:30PM (additional hours available from 1:00-2:00PM for one-on-one or small groups)

Payment Types Accepted: Check, Cash, Mastercard, Visa, Amex
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Session 3

7/9-7/20/18

PROBABILITY & STATISTICS:

- 1) Summarize, represent, and interpret data on a single count or measurement variable.
- 2) Summarize, represent, and interpret data on two categorical and quantitative variables.
- 3) Interpret linear models

\$550 per 2 week session

9AM-12:30PM (additional hours available from 1:00-2:00PM for one-on-one or small groups)

Payment Types Accepted: Check, Cash, Mastercard, Visa, Amex
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CACS MS Summer Math Camp 2018

Student Name: _____

Student Age/Grade going into: _____

Session/Week(s) attending: _____

Student Math Experience: (has your child had additional math instruction beyond what is expected in school either remedial or advanced? If so, please explain)

Guardian #1 Name: _____

Guardian #1 Phone #: _____

Guardian #2 Name: _____

Guardian #2 Phone #: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Who will pick up your child daily? _____

Does your child have permission to leave camp on their own (please initial)? _____

Snack will be provided so please note any food allergies: _____

Does your child have any serious allergies? If so, what is it and the treatment (epi-pen etc.)

Lunch is not provided, students staying for 1PM sessions must bring a packed lunch.

CACS Students: We will use the emergency card on file (if any information has changed recently, please complete a new form).

Non CACS Students: Must complete an emergency form prior to attendance.

CACS has permission to use my child's photos for marketing purposes. yes/no (please circle)