

# Summer Math Camp

**Dates:** July 9<sup>th</sup> to July 20<sup>th</sup>

**Time:** 8:30am – 12:00 noon

**Led by:** Mrs. Diane Samari, former teacher at SCS  
and Mr. Sal Samari, 6<sup>th</sup> grade teacher

**Who:** Students entering 4<sup>th</sup> – 8<sup>th</sup> grades

**Where:** FMC Room 30

**Cost:** \$250 – Approx. 35 hours of math

**TOP  
4  
REASONS  
TO  
ATTEND  
A  
SUMMER  
MATH  
CAMP**

**BASIC SKILLS**

Practicing basic skills prepares your student for higher level math and get them ready for school to start. Reinforce and Strengthen skills

**CONCENTRATED FOCUS**

Intensive practice the first hour to review basic math skills  
Quiet time seatwork

**REAL-WORLD APPLICATION**

AIMS projects- sort M&M's, categorize each package- Now you get to eat them!

**MATH CAN BE FUN**

See how math is used in exciting everyday science activities  
Give it a try- You will like it!

This 2 week program is designed to help students engage in math while reinforcing and enhancing math skills. We will incorporate a series of AIMS (Activities Integrating Math and Science) hands-on projects that will give the student real-time, authentic applications for their math skills. The daily practice is fast and intended to be fun. Students will also practice higher-order thinking skills.

**DAILY SCHEDULE**

8:30-9:45 Selected math concept review  
Teacher-directed practice  
Individualized instruction  
9:45-10:00 Break  
10:00-12:00 AIMS project. Small groups to complete specific tasks requiring math and science skills—FUN!!

To register you must fill in the form below and return it to the school office at SCS with a minimum of a \$50 non-refundable deposit. The balance will be due by the start of camp (make your check payable to SCS or pay in cash). Sign up ASAP to ensure a spot!

Questions should be referred to Mrs. Diane Samari cell 661-496-0874 or email: dianasamari@icloud.com (Please do not call the school office)

REGISTRATION (attach payment and drop at school office)

Student Name \_\_\_\_\_ Grade just completed \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_ email: \_\_\_\_\_

Contact phone number (cell) \_\_\_\_\_ (home or work) \_\_\_\_\_ I authorize any agent of Stockdale Christian School's Math Camp to authorize medical attention as needed for my child.

Signed \_\_\_\_\_ Name (Printed) \_\_\_\_\_ date \_\_\_\_\_