



Crown Point Latin Program
Presents the
13th Annual

Crown Point Latin Summer

A summer enrichment program about the
ancient Roman world for current 4th, 5th, &
6th grade students in the Crown Point
Community School Corporation



Latin, more than ever before, is a living language of universal and perennial relevance that is enjoying a revival in schools across the country. The study of Latin, as well as the study of Classics in general, helps students understand humanity and appreciate the influence that the classical world has had on virtually every aspect of our lives, including our literature and laws, art and architecture, political ideals, values, and sense of history. Much research has shown that studying the ancient world at a young age advances students far ahead of their peers in such wide and varying fields as reading, vocabulary, spelling, math, science, and logic skills. In short, Latin and the Classics give students a means of understanding the connection between ancient and modern, not only factually, but also with the critical judgment to put that knowledge to use.

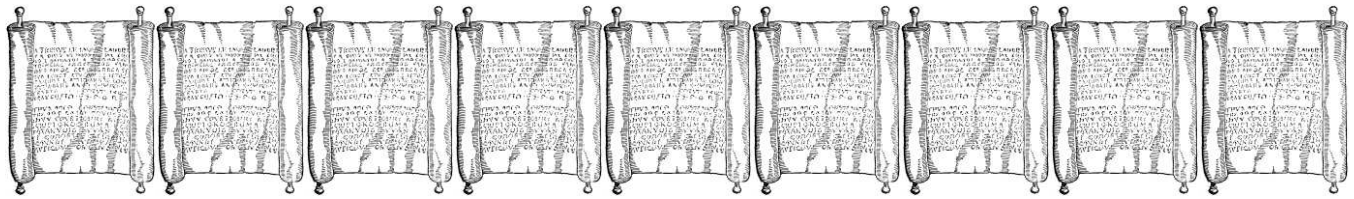


GENERAL PROGRAM OBJECTIVES:

- To expose students to Latin and to Roman society and culture.
- To expose students to the mythology of the ancient Greeks and Romans.
- To encourage students to make connections between Latin and their own language.
- To encourage students to apply knowledge of the classical world to their own world.
- To prove to students and parents that Latin is alive and exciting!

THE PROGRAM WILL CONSIST OF:

- Classical Mythology Course
- Roman Culture and Daily Life Course
- Conversational Latin Course
- Classical Latin Course
- Artistic and Group Activities



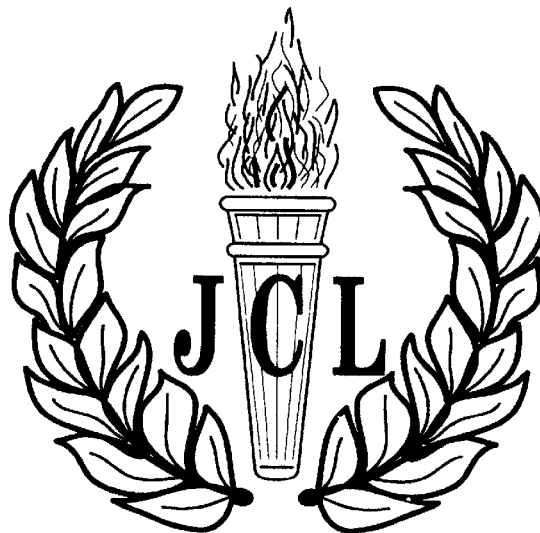
- **WHAT:** **CROWN POINT LATIN SUMMER**, sponsored by the CPHS Latin Program
- **WHERE:** **CROWN POINT HIGH SCHOOL**
- **WHEN:** **JULY 6 TO JULY 10, 2015**
- **TIMES:** **8:00 A.M. UNTIL 11:30 A.M.**
- **WHO:** For students who have just completed the **FOURTH, FIFTH, OR SIXTH GRADE** at elementary schools in the Crown Point Community School Corporation (or other area schools).
- **COST:** **\$55.00** provides for all materials.
Checks should be made out to the **CROWN POINT CLASSICAL ASSOCIATION**.

Current CPHS Latin students will serve as instructors for the course under the direct supervision of Mr. Jeremy Walker & Ms. Sara Robertson, CPHS Latin teachers.

For more information, please contact Mr. Walker at the high school at 219-663-4885, x11158 or via e-mail at jmwalker@cps.k12.in.us or Miss Robertson at 219-663-4885, x11265 or via e-mail at srobertson@cps.k12.in.us.

Before **June 1**, please complete and mail the attached registration form with a check for **\$55.00**, payable to **Crown Point Classical Association**, to:

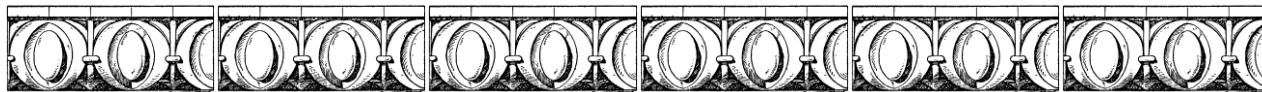
Sara Robertson, CPHS Latin Teacher
Crown Point High School
1500 South Main St.
Crown Point, IN 46307



Crown Point Latin Summer

Before **June 1**, please mail completed form with a check for **\$55.00**, payable to **Crown Point Classical Association**, to:

Sara Robertson, CPHS Latin Teacher
Crown Point High School
1500 South Main St.
Crown Point, IN 46307



Student Name: _____

Circle shirt size: YS YM YL S M L XL 2XL

Mailing Address: _____

Home phone number: _____ Cell phone number: _____

E-mail address: _____

Circle grade just completed: 4th 5th 6th School attended: _____

Any health concerns/food allergies we should know about:

If a CPHS Latin student encouraged you to attend, print his/ her name here: _____

Release and Waiver of Liability, Indemnity Agreement and Health Statement

(Read Carefully Before Signing)

IN CONSIDERATION OF ENROLLMENT IN THE CAMP(S) I HEREBY RELEASE FROM ALL LIABILITY THE CROWN POINT COMMUNITY SCHOOL CORPORATION, ITS AGENTS AND EMPLOYEES AND THE CAMP(S), ITS DIRECTORS AND INSTRUCTORS FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF ANY INJURY OF THE PARTICIPANT(S) OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO PARTICIPATION IN THE PROGRAM(S) CAUSED OR ALLEGED TO BE CAUSED BY THE SOLE NEGLIGENCE OR THE CONCURRENT NEGLIGENCE OF CROWN POINT COMMUNITY SCHOOL CORPORATION, ITS AGENTS OR EMPLOYEES OR THE SOLE NEGLIGENCE OR CONCURRENT NEGLIGENCE OF THE CAMP(S) INCLUDING ITS DIRECTORS OR INSTRUCTORS.

I HEREBY REPRESENT THAT MY SON/DAUGHTER TO BE IN GOOD HEALTH AND I KNOW OF NO REASON HE/SHE CANNOT PARTICIPATE IN THE CAMP(S).

Parent/guardian signature: _____

Parent/guardian printed name: _____

Date: _____