



WELCOME

TO

**“ I CAN DO ALL THINGS”
HAPPY SUMMER CAMP
“OF FUN & LEARNING!!”**

Our Philosophy for Summer Camp is to enhance your child’s belief that **THEY ARE GREAT! WE WANT THEM TO LEAVE SUMMER CAMP FILLED WITH CONFIDENCE & ACCEPTANCE.** We will use fun & education to enhance the Summer Camp theme Sharing, Caring & Acceptance of others because “We are All in this Together”. As well as a nationally approved fun program of Self Esteem Boosters. From preschoolers to teenagers our program will have your CHILD RETURNING TO SCHOOL FULL OF CONFIDENCE.

Our Summer Camp Goals:

To enhance and improve the campers **ACADEMIC ACHIEVEMENTS** with the results that in September they are well prepared or ahead academically for the new school year. To build their **SELF CONFIDENCE & ACCEPTANCE OF OTHERS. THIS HAS PROVEN TO REDUCE BULLYING & RAISE SELF ESTEEM.**

To ensure they have a **FUN FILLED SUMMER.**

Our entire staff and I look forward to a great summer with your child (ren) filled with **GREAT ACHIEVEMENTS.** **Pastor Lois C. Bias, Dean of Academic Affairs**

4823 BRYCE LANE, RICHMOND , VA Main # 804 232-7180

EMAIL YOUR APPLICATION AND SIGNED CONTRACT TO pbarpa1123@gmail.com

TRANSPORTATION

Transportation is provided on a first come first serve basis fee for within 20 miles is \$35.00.

ENROLLMENT POLICY

Precious Blessings Academy/ Rhema Preparatory Academy offer a full day Summer Camp program. Children are enrolled on a first come first serve basis. When all vacancies are full, new comers will be placed on a waiting list and will be enrolled in the order in which their applications are received. An initial visit by the parent and child is required before the child is enrolled. All required forms must be submitted before any child may be accepted at PBA. These forms are (if not already attending school at or campus) Birth Certificate, Immunization Record, and Up to date Yearly Physical form from your child's doctor, PBA application and contract, parents state Id .

APPLICATION PROCESS

Applications are accepted Monday-Friday online . There is a non-refundable registration fee of \$75.00.

CAMP HOURS OF OPERATION

SUMMER CAMP BEGINS: JUNE 17,2019 – AUGUST 23, 2019 10 WEEKS OF FULL DAY FUN & EDUCATION.

WE WILL OPEN AT 6:30AM TO 3:00PM- A FULL 8 HOURS OF CAMP.

EXTENDED CAMP BEGINS AT 3:00PM AND ENDS AT 6PM. SUMMER CAMP CAMPERS CANNOT COME TO CAMP AFTER 9AM UNLESS PRE-APPROVED.

FEE POLICY

The fee for campers who attend summer camp **FULL DAY** and leave camp no later than 3:30pm is \$60 a week .The additional fee for a camper who stays at camp after 3:30pm for our **EXTENDED DAY CAMP** is \$20.00 a week. **IF A CAMPER IS HERE ANY TIME AFTER 3:30PM THE PARENT/GUARDIAN**

IS RESPONSIBLE FOR AN ADDITIONAL \$20.00 FOR EXTENDED DAY CAMP . YOU ARE RESPONSIBLE TO PAY FOR THE ENTIRE 10 WEEKS OF CAMP,IF CAMPER ATTENDS ONE DAY,NO DAYS IN A WEEK OR ALL WEEK UNLESS ARRANGEMENTS ARE IDENTIFIED AT THE TIME OF REGISTRATION.

PAYMENT POLICY

You must pay your camp fee on Monday morning by 9am of each new week. Or you may pay bi-weekly or monthly in advance or you may pay the entire 10 weeks at time of registration. After Monday at 9:00am your payment is considered late. There is a late fee of \$50.00 due no later than Tuesday by 9:00 am. Holiday late fee is \$60.00 .If this is not paid or acceptable arrangements are made then your child will not be accepted back into the camp on Tuesday morning until your

account is brought up to date. If your bill is not paid nor arrangements for payment within 2 weeks we will pursue other legal answers of payment. The Summer Camp budget is based on a full 10 weeks therefore all tuition fees for 10 weeks are to be paid.

Breakfast, Lunch and Snacks are provided each day of Summer Camp at no added cost for all campers. **SUMMER CAMP IS A TAX DEDUCTIBLE FEE. OUR ACCOUNTING OFFICE WILL DISTRIBUTE THESE FORMS ON JAN.31.2020.** Please call on the first week of January if you want this form .

ACTIVITIES FEES

All activities off campus are added cost.

RETURN CHECK FEE

If your check is returned there will be a \$50.00 fee. After a second check is returned we will only accept money orders or debit/credit card.

WITHDRAWAL POLICY

Please notify your camper's teacher as soon as possible in advance concerning withdrawal. Unless there is a proven emergency all 10 weeks of camp fees must be paid.

ARRIVALS AND DEPARTURES

All campers must be signed in/out by the parent or guardian before the child may be left or retrieved from the camp. Any Person's name that is not on your pick up list **will not be allowed** to take your child from the building. You may write us and request to release your child to someone you do not have on your list. They will have to bring drivers license or VA State picture I.D.

You will have to give us their address and description. We will not comply unless these methods are followed.

EMERGENCY CONTACT WE MUST BE ABLE TO REACH YOU FOR THE ENTIRE DAY YOUR CHILD

OR CHILDREN ARE AT SUMMER CAMP. THIS IS A NO OPTION ON THIS REQUIREMENT. CHILDREN CAN BECOME ILL OR INJURED AND WE NEED TO HAVE IMMEDIATE CONTACT WITH OUR PARENTS.

HEALTH & SAFETY

We want to stop the spread of any kind of infections as much as possible. To help with that effort we are asking all parents not to bring your child to camp school with a fever, chills, open sores, ringworm, colds, pink eye, lice, vomiting, early stages of chicken poxes severe coughing or excessive and constant runny nose. If these symptoms appear we will call you immediately to pick up your child or not receive them for that day.

THE WELLNESS CENTER- Once your child (ren) are diagnosed we can accommodate them in our Wellness Center. They must be free of fever or communicable diseases .
IF A PARENT FAILS TO PICK UP HIS/HER CHILD UP ON TIME WE WILL

MAKE EVERY ATTEMPT TO CONTACT PARENTS AND ALL PERSONS ON THE CONTACT LIST OR CONTACTS US AT THE CAMP, THE CHILD PROTECTIVE SERVICE UNIT OF THE DEPARTMENT OF SOCIAL SERVICES WILL BE CALLED. THIS IS A REQUIREMENT OF THE VA STATE LAW.

LICENSURE

We are under the religious exempt licensure of the State Social Services of the State of Virginia. We are a member of The International Association of Christian Schools and are accredited under this Educational Organization. We are a VA Tax Credit Scholarship Foundation under the VA Dept. of Education.

HEALTH REQUIREMENTS FOR STAFF

Every staff member has received an annual physical by a practicing physician to assure they are free from any disability, or communicable disease, which would prevent them from caring for your child.

HANDWASHING PROCEDURES

All employees have gone through a class on proper hand washing procedures. Our schedule for hand washing for staff is as follows: when they enter the center before and after each meal, and after each toileting. After they return from outdoor play and when hands have been in contact with any body secretion (nasal or oral). Each child will be instructed as to proper hand washing procedure.

EMPLOYEE QUALIFICATIONS

Each staff member is screened for education, previous employment, criminal background check by city and state officials and their abilities to teach and work with children. Each selected staff member goes through a complete training program after acceptance of employment. The areas covered are First Aid, our educational curriculum, proper discipline, hand washing, abuse and neglect classes how to spot it and computer training. This will enable them to become well versed in the high standards that we require here at PBA. Each employee will receive a minimum of 20 hours of continuing education training each year. We encourage each teacher to further their education with courses relevant to their career.

PUBLIC LIABILITY INSURANCE

PBA/RPA is covered by liability insurance.

CPR/FIRST AID CERTIFICATION

All staff teachers are CPR/FIRST AID certified.

MEDICATION ADMINISTRATION

Our camp is a Va state certified Center to administer medication .When we are asked to give medication Parents/Guardians must fill out a MAT form.

**PBA/RPA
CAN/DO ALL THINGS
SUMMER CAMP
PRE-ADMISSION
REGISTRATION FORM**

Campers Name

_____ Sex: M ___ F ___
(Last) (First) (Middle)

Child's Preferred Name (NICKNAME) _____

Complete Address _____

Phone Number _____ **Birth Date** _____ **Age** _____
M/D/Y

Admission Date _____ **Termination Date** _____

Grade Level _____ **School** _____

Father's Name _____ **Social Security Number** _____

Employer _____

Occupation _____

Business Address _____

Business Phone # _____ **Ext** _____

E-mail Address _____

Mother's Name _____ **Social Security Number** _____

Employer _____

Occupation _____

Business Address _____

Business Phone # _____ **Ext** _____

E-mail Address _____

Is Father Living? _____ **Is Mother Living?** _____

Married? _____ **Separated?** _____ **Divorced?** _____

**PLEASE LIST ALL PERSONS NAME AND PHONE # AUTHORIZED TO
PICK UP YOUR CHILD/REN**

NAME	RELATIONSHIP	PHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IS THERE ANYONE YOU WISH NOT TO PICK UP YOUR CHILD/REN

NAME	RELATIONSHIP TO CHILD
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE LIST ANY HEALTH CONCERNS OR FOOD ALLERGIES, Such as peanuts asthma etc._____

Is your child generally: (circle each one that applies to your child) Cooperative

Shy Competitive Aggressive Sensitive Submissive Angry Happy

Usually does your child do what is asked of him/her? Yes No Sometimes

PLEASE LIST OTHER BEHAVIOR CHARACTERISTICS THAT APPLY TO YOUR CHILD SO THAT HIS/HER TEACHER CAN HAVE A BASIS OF YOUR CHILD'S BEHAVIOR PATTERNS.

PARENT OR GUARDIAN'S SIGNATURE _____ DATE _____

CENTER REPRESENTATIVE SIGNATURE _____ DATE _____

PRECIOUS BLESSING ACADEMY

4823 BRYCE LN

RICHMOND ,VA 23224

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HAPPY SUMMER CAMP

2019

CONTRACT AGREEMENT

I _____ the parent of

_____ Student, do agree to place my child, named above in the care of Precious Blessing Academy/ Rhema Preparatory Academy Staff for the Summer Camp program. Please circle correct weekly fees,

I agree to pay the fee of \$75 for registration. I also agree to pay the camp fees of \$60 a week; I agree that if my child will be picked up after 3:30pm I will pay the after camp fee of \$20.00.

Parents Signature _____

I understand that FOR ALL CAMPERS breakfast, lunch, snack is included in my camp tuition. SKATING,BOWLING are an extra fee each week. I also agree to pay the regular late fee amount of \$50.00 or \$60.00 holiday late fee, if my payment goes beyond Monday at 9am unless arrangements have been made prior to time of payment. After 9am my payment will be considered late. If payment is not received by Tuesday of the current week my child cannot return until arrangements with our accounting department have been made. After ONE WEEK of non-payment AND NO COMMUNICATION your balance will be turned over for collection with late fees for each week and camp payments. Fees are non-refundable. I understand I am responsible for my entire summer camp fees (REGARGLESS AS TO THE NUMBER OF DAYS MY CHILD (REN) ATTEND THAT WEEK) unless noted on this contract.

Parent's Signature _____ Date _____

PBA/RPA CAMP

REPRESENTATIVE _____ **Date** _____