



WELCOME  
TO  
“CAMP BEST”

**THE BEST CAMP IN TOWN**

**“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. We incorporate 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:** our camp is a half day school work in the morning and fun all afternoon

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.** Safe-Covid free Summer. We have performed all Covid standards all school year and no one has had Covid. 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**

### **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 Camp Best. These are the forms needed for enrollment Birth Certificate, Immunization Record, and Up to date Yearly Physical form from your child's doctor, PBA (Camp Best) application and contract, parents state Id and Social Security Number. These are required by the VA state law.

### **APPLICATION PROCESS**

Applications are accepted Monday-Friday in the office or online. There is a **non-refundable** registration fee of \$50.00.

### **CAMP HOURS OF OPERATION**

**SUMMER CAMP BEGINS: JUNE 3, 2024– AUGUST 9, 2024 10 WEEKS OF FULL DAY FUN & EDUCATION.**

**WE WILL OPEN AT 6:30AM TO 3:30PM- A FULL 9 HOURS OF CAMP. SUMMER CAMP CAMPERS CANNOT COME TO CAMP AFTER 9AM UNLESS PRE-APPROVED). EXTENDED CAMP BEGINS AT 3:30PM AND ENDS AT 6PM.**

### **FEE POLICY**

The fee for campers who attend summer camp **FULL DAY** and leave camp no later than 3:30pm is \$80 a week .The additional fee for a camper who stays at camp **after 3:30pm** for our **EXTENDED DAY CAMP** is \$30.00 a week extra. **IF A CAMPER IS HERE ANY TIME AFTER 3:30PM THE PARENT/GUARDIAN IS RESPONSIBLE FOR AN ADDITIONAL \$30.00 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, SUCH AS VACATIONS.**

### **PAYMENT POLICY**

You must pay your camp fee on Monday morning by 9am of each new week. 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.

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.31.25. Please call on the first week of January if you want this form. WE DO NOT ACCEPT CASH OR CHECKS WE ACCEPT VISA, MASTERCARD, CASH APP CARDS & AMERICAN EXPRESS.

### **ACTIVITIES FEES**

All activities off campus are an extra cost.

### **WITHDRAWAL POLICY**

Please notify your camper's teacher as soon as possible in advance in writing 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. We will call and verify your written communication. They will have to have proof of identity, driver's license or VA State picture I.D for scanning.

You will have to give us their name, 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 – COVID 19**

All students will have their temperature checked before entering camp by camp nurse. All bags, blankets, bottom of shoes, etc. will be sprayed with germicide disinfectant. 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. Our facility is cleaned with a 24hr germicide a minimum of 3 times a day walls, carpet, lights, classrooms, restrooms hallways are all included. All people entering our facility are checked for fever given hand sanitizer & shoes, bags sprayed & MUST WEAR A MASK. No camper is allowed to enter camp with a fever and a dry cough. If child is absent they must have a doctor's note when they return.

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, AFTER FAILING TO REACH YOU & ALL LISTED CONTACTS. THIS IS A REQUIREMENT OF THE VA STATE LAW.

### **LICENSURE**

We are under the religious exempt licensure of the State DEPARTMENT OF EDUCATION of the State of Virginia. We are a member of The International Association of Christian Schools and are accredited under this Educational Organization.

### **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. Every staff has had Covid negative testing.

### **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 anybody 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. We employ a full time LPN nurse**

### **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  
CAMP BEST  
SUMMER CAMP  
PRE-ADMISSION  
REGISTRATION FORM**

**2024**

**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** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Business Phone #** \_\_\_\_\_ **Ext** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Business Phone #** \_\_\_\_\_ **Ext** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

**Is Father Living?** \_\_\_\_\_ **Is Mother Living?** \_\_\_\_\_

**Married?** \_\_\_\_\_ **Separated?** \_\_\_\_\_ **Divorced?** \_\_\_\_\_

**PLEASE LIST ALL PERSONS NAME AND PHONE # AUTHORIZED TO**

**PICK UP YOUR CHILD/REN**

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>PHONE #</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

<b>NAME</b>	<b>RELATIONSHIP TO CHILD</b>
_____	_____
_____	_____
_____	_____
_____	_____

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

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**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.**

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**PARENT OR GUARDIAN'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CENTER REPRESENTATIVE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



**PRECIOUS BLESSING ACADEMY**

**4823 BRYCE LN**

**RICHMOND VA, 23224**

**CAMP BEST**

**2024**

**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 \$50 for registration. I also agree to pay the camp fees of \$80 a week; I agree that if my child will be picked up after 3:30 pm I will pay the after camp fee of \$30.00.

Parents Signature \_\_\_\_\_

I understand that FOR ALL CAMPERS breakfast, lunch, snack is included in my camp tuition. OUTSIDE CAMPUS ACTIVITIES are an extra fee. 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 morning 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 to our attorney 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 EACH WEEK) unless noted on this contract.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PBA/RPA CAMP**

REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_

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