

Bear Valley Community Association  
15001 Mountain Air Drive  
Anchorage, AK 99516  
345-0437



Camp Bear Valley  
Ocean View Elementary School  
11911 Johns Road  
Anchorage, AK 99515

May 25<sup>th</sup> to July 30<sup>th</sup>  
Monday through Friday  
7:00am to 6:00pm

Closed Monday, May 31<sup>st</sup> and Monday, July 5<sup>th</sup>, 2010

At Camp Bear Valley we offer swimming, biking, gymnastics, tae kwon do, yoga, hiking and outdoor experiences, the summer reading program at the library, daily journal writing, cooking activities, art exploration, small group and large group field trips to fun and exciting places like Eagle River Nature Center, the Musk Ox Farm, Alyeska, and lots of local parks, just to name a few!

Your child will be in small groups with a ratio of 1:5. The staff at Camp Bear Valley is caring, experienced, qualified and all are trained in First Aid/CPR, bike safety and wildlife safety. Creating friendships and building social skills are core values at Camp Bear Valley!

Program schedule/structure runs as follows; we open at 7:00am, breakfast is served from 7:15 to 8:30, the children are all together in MPR or gym until they split for "small group" activities. "Camp" time runs from about 8:30 to 3:30, which is when the kids are out and about on lessons, field trips, biking or other activities. Afternoon snack is served from 2:00 to 3:30. At about 3:30 all groups come back together for large group activities in the MPR, gym, outside or art room until the closing at 6:00. More details are in the Parent Handbook.

To register, a non-refundable \$25.00 registration fee per child is required. Tuition is \$195.00 per week and is all-inclusive (there is no additional charges for "pre-camp" or "post-camp" care and includes a morning breakfast, a light morning snack, an afternoon snack, all field trips, lessons and activities. You may sign up for as many weeks you like/need. **This year Camp Bear Valley will run May 25<sup>th</sup>-July 30<sup>th</sup>. We will be closed Monday, May 31<sup>st</sup> for Memorial Day and Monday, July 5<sup>th</sup> for Fourth of July.** Please refer to the registration form for details on payments and refunds, etc. Registration is done on a "first-come, first-served" basis, with "in-house" registration being done from March 3<sup>rd</sup> to March 31<sup>st</sup>. Starting April 1<sup>st</sup> registration will be open city wide.

### Registration Policy and Fees

Tuition is \$195.00 per week. You can sign up for one week or all 10 weeks if you like!

The following items are required at the time of registration in order for your child to be considered enrolled in the program:

- Non-refundable \$25.00 registration fee per child
- Non-refundable \$50.00 deposit per child for each week of attendance.  
Deposit goes towards the balance of tuition ( $\$195 - \$50.00 = \$145.00/\text{week}$ ).
- Enrollment form
- Emergency card
- Current physical
- Up to date immunization record

The balance for session #1 (weeks 1-5 or May 25-June 25) is due May 10<sup>th</sup>, 2010 (\$145/child/week).

The balance for session #2 (weeks 6-10 or June 28-July 30) is due June 14<sup>th</sup>, 2010 (\$145.00/child/week).

**If the balance is not paid by the due date it will automatically be charged to your credit card or checking account we have on file.**

### Late pick up fee

Parents who pick up children after 6:00pm will be charged a \$15.00 late fee for the first 15 minutes, \$30.00 for the second 15 minutes, \$45.00 for the third 15 minutes, etc.

### Withdrawal and Refund Policy

If the director receives a **written notice** of withdrawal:

- **Before May 1, 2010** you are not obligated to pay the tuition balance for the week(s) you are withdrawing from. If you have already paid, the appropriate refund will be given (\$145.00/week).
- Two weeks before your scheduled attendance you are obligated to pay 50% of the tuition balance for the weeks you are withdrawing from. If you have already paid, the appropriate refund will be given (\$72.50/week).

**If the director does not receive written notice of withdrawal in the required time frame, you are obligated to pay the full tuition balance. If you have already paid, no refund will be given.**

### Wait List

If our program is full we will start a waitlist. The \$25.00 non-refundable registration fee will be required to hold your spot. When space becomes available we will notify you. At that time all registration requirements must be met (see Registration Policy).



Main Office Address:  
 Bear Valley Community Association  
 15001 Mountain Air Drive  
 Anchorage, Alaska 99516

Phone: 345-0437  
 Fax: 742-5909

Camp Bear Valley Registration Form

Child's name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Mother's Name (first & last) \_\_\_\_\_

Work phone# \_\_\_\_\_ cell # \_\_\_\_\_

Place of work \_\_\_\_\_ e-mail \_\_\_\_\_

Home phone# \_\_\_\_\_ Address \_\_\_\_\_

Father's Name (first & last) \_\_\_\_\_

Work phone # \_\_\_\_\_ cell# \_\_\_\_\_

Place of work \_\_\_\_\_ e-mail \_\_\_\_\_

Home phone# \_\_\_\_\_ Address \_\_\_\_\_

Please check each week your child will be at Camp Bear Valley.

Attendance:	Registration: \$25.00	Balance:	Due:
Wk 1 May 25-28	<b>Deposit:</b> \$50.00	\$145.00	
Wk 2 June 1-4	\$50.00	\$145.00	
Wk 3 June 7-11	\$50.00	\$145.00	
Wk 4 June 14-18	\$50.00	\$145.00	
Wk 5 June 21-25	\$50.00	\$145.00	5/10/10
Wk 6 June 28-July 2	\$50.00	\$145.00	
Wk 7 July 5-9	\$50.00	\$145.00	
Wk 8 July 12-16	\$50.00	\$145.00	
Wk 9 July 19-23	\$50.00	\$145.00	
Wk 10 July 26-30	\$50.00	\$145.00	6/14/10

Total # of weeks: \_\_\_\_\_ **Total Due Now:** \_\_\_\_\_ Total Balance: \_\_\_\_\_

Office Use only: Reg. fee \_\_\_\_\_ Deposit \_\_\_\_\_ # wks attend. \_\_\_\_\_  
 Check # \_\_\_\_\_ CC \_\_\_\_\_ autochecking \_\_\_\_\_ date received \_\_\_\_\_ staff initials \_\_\_\_\_



### HEALTH HISTORY

(Please check appropriate box and give approximate dates if applicable.)

Strep Throat <input type="checkbox"/> N/A	<input type="checkbox"/> Date: _____	Rheumatic Fever <input type="checkbox"/> N/A	<input type="checkbox"/> Date: _____
Chicken Pox <input type="checkbox"/> N/A	<input type="checkbox"/> Date: _____	Measles <input type="checkbox"/> N/A	<input type="checkbox"/> Date: _____
Ear Infections <input type="checkbox"/> N/A	<input type="checkbox"/> Date: _____	Convulsions <input type="checkbox"/> N/A	<input type="checkbox"/> Date: _____
Diabetes <input type="checkbox"/> N/A	<input type="checkbox"/> Date: _____	Hay Fever <input type="checkbox"/> N/A	<input type="checkbox"/> Date: _____
German Measles <input type="checkbox"/> N/A	<input type="checkbox"/> Date: _____	Asthma <input type="checkbox"/> N/A	<input type="checkbox"/> Date: _____
Mumps <input type="checkbox"/> N/A	<input type="checkbox"/> Date: _____		

List Food Allergies, if any: \_\_\_\_\_

List Drug Allergies, (i.e. Penicillin) if any: \_\_\_\_\_

Chronic or Recurring Illness: \_\_\_\_\_

Other Medical conditions: \_\_\_\_\_

Describe any special needs such as foods, care, etc: \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_

Any specific activities to be discouraged? \_\_\_\_\_

### BEAR VALLEY COMMUNITY ASSOCIATION CAMP BEAR VALLEY USER AGREEMENT

My child, named above, has my permission to participate in the Bear Valley Community Association Camp Bear Valley program. I hereby agree to save, indemnify, and hold harmless the Bear Valley Community Association Camp Bear Valley Program for injuries or other damages resulting from the application of any emergency treatment.

In event that I cannot be reached at a time of illness or accident, or if the emergency is such that time does not permit such contact, you are hereby authorized to contact the physician named on this form. If the named physician cannot be reached, permission is hereby granted to you to call a licensed physician of your own selection or to take my child to the nearest hospital. I will be responsible for the medical expenses so incurred.

Permission is specifically granted to any employee of Bear Valley Community Association Camp Bear Valley program and any other medical personnel to give emergency treatment to the child for who I am the parent or guardian.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**BEAR VALLEY COMMUNITY ASSOCIATION**

**PAYMENT AGREEMENT AUTHORIZATION**

Please choose one of the following options for payment.

**1. Auto Pay by Credit/Debit Card**

**OR**

**2. Auto Pay by Checking Account**

NAME: \_\_\_\_\_  
(as it appears on credit card)

PLEASE INCLUDE A VOIDED CHECK  
(Provides necessary bank information)

Billing address:

\_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_

(zip) \_\_\_\_\_

Visa/Mastercard

Card #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Code (3 digit code on back of card): \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

(optional) e-mail address: \_\_\_\_\_  
(for receipt of automatic charge information)

I, the undersigned, authorize Bear Valley Community Association to charge my childcare/Camp Bear Valley fees to the credit card, debit card or checking account indicated above. Should I elect to terminate this agreement, Bear Valley Community Association is authorized to collect all funds due prior to cancellation. I agree to the Registration and Refund/Withdrawal policies listed in the Bear Valley Community Association Parent Handbook. I will notify Bear Valley Community Association in writing if I wish to cancel this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print your name: \_\_\_\_\_

Print your child's name(s): \_\_\_\_\_