

2023 Skyview Summer Day Camps

Free bus transportation from Lincoln and Bennet!



Outdoor Waterslides
Laser Tag
Indoor Bowling
Volleyball
Water Sponge Wars
Bread-in-a-Bag
Face Painting
Balloon Tennis

Tye-dye T-shirts
Barnyard Storytime
Zip Lines
Basketball
Build a Tree Fort
Charades
Farm Animals
Legomania

Dodgeball
9-Square
Gaga Ball
Scavenger Hunt
Laser Maze
Egg Toss
Ice Cream
Oh so much more!

Child Name/Age: _____ Birthdate: _____
 Child Name/Age: _____ Birthdate: _____
 Child Name/Age: _____ Birthdate: _____

Home Address: _____ City/State/Zip: _____
 Health Insurance: _____ Member ID: _____

Please list any special requests ie: food allergies, medical issues, special needs or behaviors that we need to be aware of: _____

Please mark all desired weeks with an "X" in the appropriate box.

June 5 - 9	<input type="checkbox"/>	\$35 deposit due now	\$180
June 12 - 16	<input type="checkbox"/>	\$35 deposit due now	\$180
June 19 - 23	<input type="checkbox"/>	\$35 deposit due now	\$180
June 26 - 30	<input type="checkbox"/>	\$35 deposit due now	\$180
July 5 - 7	<input type="checkbox"/>	\$35 deposit due now	\$144
July 10 - 14	<input type="checkbox"/>	\$35 deposit due now	\$180
July 17 - 21	<input type="checkbox"/>	\$35 deposit due now	\$180
July 24 - 28	<input type="checkbox"/>	\$35 deposit due now	\$180

**PreK
through
8th
grade!**

A \$35 registration non-refundable. Registration fee is required for each week selected and will be subtracted from the \$180 total that is due. (\$180-\$35 deposit = balance due the week prior to camp.)

Check One:

_____ Lincoln Bus Stop @ College View SDA Church 48th & Prescott
 _____ Bennet Bus Stop @ Bennet Community Park (East side)
 _____ Self Drop Off/Pick Up at Skyview

Drop Off:

7:40 am
8:00 am
8:30 am

Pick Up:

4:30 pm
4:15 pm
3:45 pm

Pack your child a lunch, water bottle, swimwear, a towel & sun block daily.

Mail form to : Skyview Learning Academy 1066 S 4th Road, Douglas, NE 68344
Email form to: Jackie@skyvieweducation.org

I give permission for Skyview Learning Academy to secure emergency medical treatment for the following child if required when the parent(s)/guardian and/or emergency contacts cannot be reached. I give my permission for my child to participate in all camp activities including field trips and agree to hold Skyview Learning Academy and it's staff and volunteers harmless for any liability that results in my child participating in such activities. I understand that all deposits are non-refundable . I grant permission for using my child's image for advertisement purposes.

Parent Name (please print): _____ Signature: _____

Phone #: _____ Email Address: _____

Other Parent/Emergency # _____ **Questions? Call 402-890-5640**