

2024 Skyview Summer Day Camps

Free bus transportation from Lincoln and Bennet!



Laser Tag
Glow Bowling
Volleyball
Water Sponge Wars
Bread-in-a-Bag
Face Painting

Zip Lines
Basketball
Build a Tree Fort
Charades
Farm Animals
Lego-mania

Gaga Ball
Scavenger Hunt
Laser Maze
Egg Toss
Ice Cream
Oh so much more!

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

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 place an "X" on the line for all desired weeks.

June 3 - 7	_____	\$35 deposit due now	\$225
June 10 - 14	_____	\$35 deposit due now	\$225
June 17 - 21	_____	\$35 deposit due now	\$225
June 24 - 28	_____	\$35 deposit due now	\$225
July 1 - 3	_____	\$35 deposit due now	\$190
July 8 - 12	_____	\$35 deposit due now	\$225
July 15 - 19	_____	\$35 deposit due now	\$225
July 22 - 26	_____	\$35 deposit due now	\$225

**PreK
through
8th
grade!**

A \$35 non-refundable deposit is required for each week selected and will be subtracted from the \$180 total that is due.
 (\$225-\$35 deposit = \$190 balance due the week prior to camp.)

Please check preferred payment option:

- _____ Mail in check/cash to Skyview Learning Academy (mailing address listed below)
- _____ Email invoice to pay online (online invoice will be sent to the e-mail address listed under parent contact info)
- _____ Venmo payment to @Skyvieweducation (listed under charities tab)

Please check drop off/pick up location:

	<u>Drop Off:</u>	<u>Pick Up:</u>
_____ Lincoln Bus Stop @ 49ers Ballfield (5400 Calvert St., Lincoln)	7:40 am	4:30 pm
_____ Bennet Bus Stop @ Bennet Community Park (East side)	8:00 am	4:15 pm
_____ Self Drop Off/Pick Up at Skyview	8:30 am	3:45 pm

Mail completed form to : Skyview Learning Academy 1066 S 4th Road, Douglas, NE 68344
Email completed 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