

2025 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 & sunscreen daily.

Child Name / Age: _____ Birthdate: _____

Child Name / Age: _____ Birthdate: _____

Child Name / Age: _____ Birthdate: _____

Home Address: _____ Health Insurance: _____

City, State, Zip: _____ Member ID: _____

Please list any special requests ie: food allergies, medical issues, special needs or behaviors: _____



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

June 2 - 6	___	\$35 deposit due now	\$225
June 9 - 13	___	\$35 deposit due now	\$225
June 16 - 20	___	\$35 deposit due now	\$225
June 23 - 27	___	\$35 deposit due now	\$225
*June 30 - July 3	___	\$35 deposit due now	\$180
July 7 - 11	___	\$35 deposit due now	\$225
July 14 - 18	___	\$35 deposit due now	\$225
July 21 - 25	___	\$35 deposit due now	\$225



A \$35 non-refundable deposit is required for each week selected and will be subtracted from the total due.
(\$225 Total - \$35 paid deposit = **\$190 balance due the week prior to camp.** *\$145 balance due for holiday week.)

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:

	Drop Off:	Pick Up:
_____ 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 campus	8:30 am	3:45 pm

Email completed form to: Jackie@skyvieweducation.org

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

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**