

About Kamp Sunrise

Kamp Sunrise is a one-day grief camp designed to provide a place for children and teens to find a sense of peace, comfort, and hope.

Kamp Sunrise is for youth ages 6-17 who have experienced the death of a loved one in the last two years.

Kamp Sunrise strives to provide children a fun but therapeutic day to connect with others who have experienced a loss in their life. There will be expressive therapies such as art and music. There will be plenty of fun and food, as well as time to learn ways to cope with the feelings related to grief.

Kamp Sunrise is staffed by trained volunteers and the clinical and administrative staff of Pennyroyal Hospice.

Kamp Sunrise is **FREE OF CHARGE**.

Pennyroyal Hospice is a non-profit organization founded in 1982 by a group of volunteers. It was voted Best of Western Kentucky for In-Home Care for the past seven years.

Pennyroyal Hospice serves patients and their families in a five county region that includes Caldwell, Christian, Lyon, Todd, and Trigg counties in western Kentucky.



Music Therapy



Memorial of Loved Ones



PENNYROYAL
HOSPICE

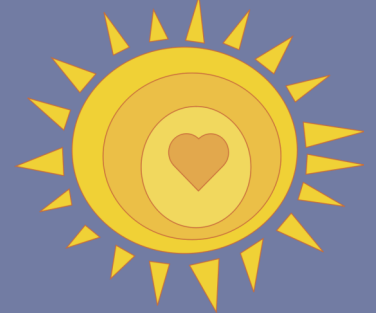
Living to the fullest

220 Burley Avenue
Hopkinsville, KY 42240

Phone: 270-885-6428
Fax: 855-270-7671

KAMP SUNRISE 2024

A Grief Camp for
Kids Ages 6-17



Presented by Pennyroyal
Hospice, Inc.

June 21, 2024

Living Hope Baptist Church
6305 Eagleway Bypass
Hopkinsville, Kentucky

8:30 AM – 3:00 PM

REGISTRATION DEADLINE

June 10, 2024

THERE IS NO COST TO ATTEND.

Complete and return registration forms to:

Pennyroyal Hospice

Attention: Kim Baggett

220 Burley Avenue

Hopkinsville, KY 42240

OR Fax to:

855-270-7671

Questions?

Call Kim at 270-885-6428

kbaggett@pennyroyalhospice.com

Be sure to bring any medications necessary and dress your child appropriately for outdoor play.

Parents are encouraged to attend a short morning session at the beginning of the day and then return at the end of the day for a memorial service.

Application

Child's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Birthdate: _____

Grade just completed: _____ Sex: _____

Parent/Guardian's Name: _____

Relationship to the Child: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Relationship of Deceased to the child:

Date of Death: _____

Child T-Shirt Size (Please specify Adult or Y)

Parent/Guardian's Signature:

Date: _____



Age-appropriate groups



Expressive Art Activities



Kamp Sunrise 2023