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August 8 - 10, 2024

Barton Foundation is pleased to offer “Camp
intend to provide children age 7 – 14 with positive direction in working through any bereavement issues and leave them with a
positive outlook for the future. Camp Sunrise is founded on the understanding that every child deserves the opportunity to
grieve in a safe, supportive and understanding environment. With loving support, children grieving can share their experience
with acceptance as they move through the healing process. Support for parents and caregivers will further enhance the grieving
child’s journey to health.

“Sunrise,” a Children’s Bereavement Camp. We
intend to provide children age 7 – 14 with positive direction in working through any bereavement issues and leave them with a
positive outlook for the future. Camp Sunrise is founded on the understanding that every child deserves the opportunity to
grieve in a safe, supportive and understanding environment. With loving support, children grieving can share their experience
with acceptance as they move through the healing process. Support for parents and caregivers will further enhance the grieving
child’s journey to health.

Camp Sunrise Registration Form

Please fill out form and return by July 19, 2024 to:

Barton Hospice Office

2092 Lake Tahoe Blvd., Suite 500, South Lake Tahoe, CA 96150

Fax: (530) 541-2653

Returning Camper? Yes No

Camper’s Name: _____ Birthdate: ____/____/____

Address: _____

City, State, & Zip: _____

Parent’s Phone: (H) _____ (W) _____ (C) _____

Parent/Legal Guardian Name: _____

Best Way to Contact Parent/Guardian: Phone Fax E-mail _____ Other _____

How you heard about Camp Sunrise: _____

Name of Deceased & Relationship to Child: _____

Date of Death: _____ Cause of Death: _____

Gender: Male Female

T-Shirt Size: Child Large Adult Small Adult Medium Adult Large Adult X-Large

YES! (Check all that apply)

- I am willing and desire my child/ward to participate in Camp Sunrise and authorize him/her to participate in camp activities including hiking and swimming.
- I further authorize my child/ward to receive emergency medical care as needed.
- Lastly, I authorize Camp Sunrise to use photographs of my child/ward in the promotion and publicity of Camp Sunrise with the understanding that my child/ward’s last name will be withheld.

Signed: _____ Date: _____
(Parent/Guardian)