

# CAMP PATHWAYS 2021

AN EXTENDED DAY OF SUPPORT AND FUN  
FOR GRIEVING CHILDREN AND TEENS



## WHO?

Children and teens, ages 7-17, who have experienced the death of a parent, sibling or significant loved one.

## WHEN?

Friday, June 25, 2021



## WHERE?

**Camp Joy Outdoor Education Center**  
10117 Old 3 C Hwy.  
Clarksville, OH 45113

## COST?

No Cost  
Transportation to and from camp will be provided on Friday at the Ohio's Hospice of Dayton Campus.

## WHAT IS CAMP PATHWAYS?

It is a unique experience designed to encourage children and teens to express their feelings of grief in a safe and fun environment. Professional grief counselors and trained volunteers lead the activities.

Some of the many benefits of the camp are:

- An opportunity to be with other kids and teens who have also experienced the death of a loved one.
- Group support time that provides grief activities.
- Lots of fun, age appropriate outdoor activities such as a swimming pool, climbing wall, ropes course, arts and crafts.
- A memorial service that honors the memory of the loved one.



## HOW TO PARTICIPATE

Space is limited. Priority will be given to children who are actively grieving and who have not attended camp in the past. To ensure your space, you must pre-register online at [www.HospiceOfDayton.org/CampPathways2021](http://www.HospiceOfDayton.org/CampPathways2021) or call 937.258.4991.

To request adult volunteer information call 937.258.4991.

Made possible by:



Foundation

**CAMP PATHWAYS**



# PRE-REGISTRATION FORM CAMP PATHWAYS 2021

Please legibly print all information.

Parent/Guardian Name:

First Name	M.I.	Last Name
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Address:

Street Address	City	State	Zip Code
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Telephone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of camper(s):

1.	_____	_____	_____	_____
	Name/Nickname	Age	Gender	School Grade (Fall 2020)
2.	_____	_____	_____	_____
	Name/Nickname	Age	Gender	School Grade (Fall 2020)
3.	_____	_____	_____	_____
	Name/Nickname	Age	Gender	School Grade (Fall 2020)
4.	_____	_____	_____	_____
	Name/Nickname	Age	Gender	School Grade (Fall 2020)

Please share any concerns regarding any child/teen listed above. Include special dietary needs, behavior concerns, social concerns:


Name of the deceased? \_\_\_\_\_ Date of Death: \_\_\_\_\_

Circumstances of death (i.e. heart attack, cancer, etc) \_\_\_\_\_

Was he/she a hospice patient? \_\_\_\_Yes \_\_\_\_No If yes, where? \_\_\_\_\_

How was your child(ren) related to the deceased? \_\_\_\_\_

Indicate camper's T-shirt size: Youth sizes: [ ]S [ ]M [ ]L Adult Sizes: [ ]S [ ]M [ ]L [ ]XL

YOU MAY REGISTER ONLINE AT [WWW.HOSPICEOFDAYTON.ORG/CAMPPATHWAYS2021](http://WWW.HOSPICEOFDAYTON.ORG/CAMPPATHWAYS2021) (or) MAIL THIS FORM TO :

PATHWAYS OF HOPE  
324 WILMINGTON AVE.  
DAYTON, OH 45420

\*Completion of this pre-registration form does not insure attendance to Camp Pathways. Attendance is determined by our receiving the completed full application packet. Application packets will be mailed out once we receive this form. Attendance will be based on the availability we have after receiving the completed registration packet.