



2021 Kids Camp Referral Form

Dues to COVID – 19 session types will vary by location. See website for details

(Please Print Clearly)

Child’s Full Name _____ Gender _____

Address _____

City _____ Zip _____

Parent/Guardian _____ Relationship to Child _____

Home Phone _____ Cell Phone _____

Age ____ Date of Birth _____ School _____

Person Referring _____ Phone Number _____

Organization/School Referring _____

Name of the person who died _____

How was the deceased related to the child? _____

How long ago did the death occur? _____

Please provide any additional information regarding the child or family you feel may be helpful regarding this referral:

*Registration Packets will be mailed to parent/guardian in June.

Please check one

Fresno (Mid-July) _____ Bakersfield (Early August) _____ NORCAL (Mid-August) _____
(Ages 5-16) (Ages 5-16) (Ages 9-16)

Return to Bristol Hospice Foundation of CA

(Formerly Optimal Hospice Foundation)

1227 Chester Avenue Bakersfield, CA 93301 or fax to 661.387.7151

For more information on Kids Camp or the Foundation visit our website

www.bristolhospicefoundationca.org or call the Foundation office at 661.716.8000