



Dear Parent or Guardian,

We are dedicated to ensuring as many families as possible can enjoy a fulfilling camp experience, understanding that financial constraints can be a barrier. Camp Laughing Loon has a long-standing tradition of providing financial assistance for over a century to make camp accessible to everyone.

Typically, we offer one to two weeks of financial assistance per family, during the first two weeks of camp, depending on the number of applications we receive each year.

Please keep in mind that if you reserve weeks for your child and do not receive the anticipated financial aid, you will be responsible for paying for those reserved weeks. Additionally, if you decide to cancel your reservation, your \$50 deposit for each week reserved will be forfeited.

On the other hand, if you reserve a week and subsequently receive financial assistance, we will not deduct your deposit. Instead, the financial aid will be applied to the balance of the reserved week(s) rather than the total amount.

Please don't hesitate to reach out if you have any questions or require further clarification.

Warm regards,  
Camp Laughing Loon  
Campership Committee



## Camp Laughing Loon Financial Assistance Application Form

**ATTENTION:** Funding is limited this year. Applications will be reviewed in the order they are received. Camperships will be awarded until all funds are exhausted. Families will be notified by email once their paperwork has been reviewed. Applications are due by April 1, 2026.

Child (ren) Names: \_\_\_\_\_

Parent (s)/Guardian Name(s): \_\_\_\_\_

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

City/Zip \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

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

**The information requested below is for our records only.**

How many adults (age 18 or older) live in your house? \_\_\_\_\_

Do you share home expenses with anyone else? \_\_\_\_\_

How many children are at home? \_\_\_\_\_ List names and ages of children

_____	_____
_____	_____
_____	_____

**Please list the employers of all household members. Compliance with this requirement is necessary to avoid application rejection.**

Employer	Phone	Hours/Week	Pay Rate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please circle ALL benefits received and list the dollar amount for ALL household members.**

Social Security \_\_\_\_\_ AFDC /ASPIRE \_\_\_\_\_ Food Stamps \_\_\_\_\_  
Child Support \_\_\_\_\_ Alimony \_\_\_\_\_ Subsidized housing \_\_\_\_\_  
Medical \_\_\_\_\_ Life Insurance \_\_\_\_\_ Investments \_\_\_\_\_  
Dental \_\_\_\_\_ Pension \_\_\_\_\_ Medicaid \_\_\_\_\_  
Medicare \_\_\_\_\_ School Lunch Program \_\_\_\_\_

**Please list the dollar amounts for the expenses listed below.**

Rent \_\_\_\_\_ Car Loan \_\_\_\_\_ Food \_\_\_\_\_  
Lights \_\_\_\_\_ Phone \_\_\_\_\_ Childcare \_\_\_\_\_  
Medical/Dental \_\_\_\_\_  
Other (please list) \_\_\_\_\_

For your application to be complete, **we need to have two (2) items listed below:**

- Send the last 2 weeks of each household member's most recent pay stubs
- Current tax return, with W-2s for each household member
- Letter from caseworker outlining financial assistance from the State of Maine
- Letter from you explaining any unusual circumstances about your financial situation.

The cost of Camp is \$300 per week. (This includes a \$10.00 Active registration fee.) How much can you afford to contribute weekly? \_\_\_\_\_

For which week or weeks are you requesting financial assistance? \_\_\_\_\_

**All eligible families who submit a completed application, registration form, and supporting documents for Campership funding will be added to the waitlist. Camperships will be awarded based on available funds and the order in which applications are received.**

I certify that all the information provided is true and that I will report to Camp Laughing Loon any changes in the household or financial status within a week

Signature of Parent(s)/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Return the completed application, registration form, and supporting documents to  
info@camplaughingloon.com

## Camp Laughing Loon Campership Registration Form 2026

Name of Child \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering Fall 2026: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Mailing address if not the same as above: \_\_\_\_\_

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

**REQUIRED: Emergency Contact (Other than home**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name of Insurance Company** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Is your child currently taking any prescription medications? Y N. If yes, please list prescribed medications:** \_\_\_\_\_

\_\_\_\_\_

**Will your child be required to take any medication during the camp day? Y N If yes, please list all medications, dosage, and time administered.**

\_\_\_\_\_

\_\_\_\_\_

**Does your child have any allergies? Y N. If yes, please specify allergies. (food, environmental, insect stings, etc.) If your child has experienced a severe allergic reaction, please describe the circumstances and the response.** \_\_\_\_\_

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A medical release form is required for our nurse to administer medication to your child. Please download the form from our website and have it filled out by your physician. Medical forms must be received 30 days before attending, or an alternate week may need to be selected.

Does your child have any physical restrictions, health problems, current medical conditions, disabilities, or impairments that may affect their participation in camp activities? Y N

If yes, please specify restrictions or required support. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the camper have any support plans or accommodations in place at school, such as an IEP (Individualized Education Program), 504 plan, or BIP (Behavior Intervention Plan)?

If yes, please share any support or accommodation details that will assist us in ensuring your child's success and well-being at camp.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You have my permission to use my child's photo for promotional purposes.    Yes    No

I have read and understand our Code of Conduct. The health information provided is correct. The child named above has permission to engage in all camp activities. I understand these activities may include certain risks. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by Camp Laughing Loon to secure the proper treatment for my child at my expense. These terms herein shall serve as the parent/guardian authorization, release, and assumption of risks for claims arising from incidents surrounding my child's participation in Camp Laughing Loon activities, for my child, my spouse, my heirs, executor, administration, assignees, and all other members or my family.

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Signature of parent /guardian

Updated 11/1/25

CLL Board Approved 2/11/15

