



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.

Child (ren) Names: _____

Parent (s)/Guardian Name(s): _____

Address: _____

City/Zip _____

Phone (home) _____ (work) _____

The information requested below is for our records only.

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

Do you share expenses for the home with anyone else? _____

How many children are at home? _____ List names and ages:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

List all employers for ALL household members. Failure to provide information could result in your application being denied.

| Employer | Phone | Hours/week | Pay rate |
|-----------------|--------------|-------------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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

| | | |
|-----------------------|--------------------|--------------------------|
| Social Security _____ | AFDC /ASPIRE _____ | Food Stamps _____ |
| Child Support _____ | Alimony _____ | Subsidized housing _____ |

Medical _____ Dental _____ Pension _____
Life Insurance _____ Medicaid _____ Medicare _____
Investments _____ School Lunch Program _____

Please list dollar amounts for expenses listed below.

Rent _____ Lights _____ Phone _____
Car Loan _____ Other car exp. _____ Childcare _____
Food _____ Medical/Dental exp. _____
Other (please list) _____

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

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

The cost of camp is \$260 How much can you afford? _____

This is the amount of assistance being asked for \$ _____

All families eligible to receive Campership funding will be placed on a waitlist after your completed application, registration form and supporting documents are received. Camperships will be awarded based on available funds raised through donations and the order they are received.

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

Signature of Parent(s)/Guardian: _____

Date: _____

Return completed application, registration form and supporting documents to:
Camp Laughing Loon,
Box 28
Saco, Maine 04072

Camp Laughing Loon Campership Registration Form 2022

Name of Child _____

How did you hear about CLL? _____

Sex: M F DOB: _____ Age: _____ Grade Entering Fall 2022: _____

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 medications? Y N

If yes, please list medications: _____

Does your child have any allergies? Y N If yes, please explain. _____

Will your child be required to take any medication during the camp day? Y N

In order for our nurse to administer medication to your child, a medical release form is required. Please download the form from our website and have it filled out by your physician. **Medical forms must be received ten days prior to attendance or an alternate week will need to be selected.**

Does your child have any physical restrictions, health problems, current medical conditions, disabilities or impairments? Y N

If yes, please specify: _____

Does your child have an IEP or 504 in place at school? Yes No

If yes, please explain: _____

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.

signature of parent /guardian