



## 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 close May 1st.**

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 of children

_____	_____
_____	_____
_____	_____

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

<b>Employer</b>	<b>Phone</b>	<b>Hours/Week</b>	<b>Pay Rate</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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 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 being received from the State of Maine ♦  
Letter from you explaining any unusual circumstances about your financial situation.

The cost of Camp is \$280. How much can you afford to contribute? \_\_\_\_\_

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

**All families who are eligible to receive Campership funding will be placed on a waitlist after receiving your completed application, registration form, and supporting documents. Camperships will be awarded based on available funds raised through donations and the order 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 Camp Laughing Loon, Box 28 Saco, Maine 0407

## Camp Laughing Loon Campership Registration Form 2024

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

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering Fall 2024: \_\_\_\_\_

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. \_\_\_\_\_

\_\_\_\_\_

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 30 days before 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 that may affect their participation in camp activities? Y N

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

\_\_\_\_\_

\_\_\_\_\_

Does the camper currently 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.

\_\_\_\_\_

signature of parent /guardian

