



Camp Laughing Loon Financial Assistance Application Form

ATTENTION: Complete and return all paperwork by **MAY 1, 2019**. Enclose copies of all necessary papers as requested.

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. _____ Child care _____
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 \$225*** How much can you afford? _____

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

*****All camperships and campers will be paying transportation fee of \$25 per week. *****

My child(ren) will need transportation from: Mardens _____ Saco Rec _____ Dayton _____
I will transport my child(ren) to and from camp. _____

Please mark the week(s) of assistance. It should be the same as the week(s) marked on your camp application.

_____ June 24 - June 28	_____ July 29 - August 2
_____ July 1 - July 5	_____ August 5 - August 9
_____ July 8 - July 12	_____ August 12 - August 10
_____ July 15 - July 19	_____ August 19 - August 23
_____ July 22 - July 26	

All applicants need to include a completed registration form with their campership application.
Incomplete applications will not be processed until all required paperwork is received. This may jeopardize funding for your child due to having many applicants applying for limited funds.

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 to: Camp Laughing Loon, c/o Marie Clark-Colman, 14 Boothby Lane, Saco, Maine 04072

Camp Laughing Loon Campership Registration Form 2019

Name of Child _____

How did you hear about CLL? _____

Sex: M F DOB: _____ Age: _____ Grade Entering Fall 2019: _____

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_

I have read and understand our Code of Conduct, transportation policy, and cancellation/refund policy. The health information 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

