

154 Sunset Avenue Westhampton Beach NY 11978 631-901-2456 ChildrensCenter@thehamptonsynagogue.org



**CAMP MONA** 

Dedicated in memory of Dr. Mona Riklis Ackerman by her children Ari and Gila

## **Hamptons Premier Early Childhood Day Camp**

Ages 0-11 months

# Camp Season: June 23 – August 29, 2025

For 0-11 Month Olds and a Caregiver 11:00am-11:45am

Camper Information ———				
			□m □f	
FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER	
PERMANENT ADDRESS	CITY	STATE	ZIP	
LOCAL ADDRESS	CITY	STATE	ZIP	
NAMES AND AGES OF SIBLINGS				
SYNAGOGUE AFFILIATION				
PARENT/GUARDIAN 1: NAME	EMAIL	PHONE	PHONE	
PARENT/GUARDIAN 2: NAME	EMAIL	PHONE	PHONE	
ATTENDING CAREGIVER'S NAME (IF NOT T	HE CHILD'S PARENT)			
ATTENDING CAREGIVER'S EMAIL (IF NOT T	CAREGIVER'S EMAIL (IF NOT THE CHILD'S PARENT) PHONE		RELATIONSHIP TO CHILD	
ALLERGIES / HEALTH RESTRICTIONS	MEDICATIONS TAKEN/I	REASON FOR MEDICATIONS		
PHYSICIAN'S NAME	ADDRESS	PHONE	E	
Baby Bunch Schedule				
PLEASE CHECK THE DAYS AND L	IST THE DATES YOU ARE REG	ISTERING FOR:		
Ν	ΛF	DATES:		
2 DAYS/WEEK (\$110/WEEK) 1 DAY/WEEK (\$55/DAY) Location: Edelstein Hall (Kaylie Center)	I D			
Emergency Contacts/Autho	rized Pick Up People —			
Please list those who may pick up your child		ddition to the Parents/Guardians/Attendi	ing Caregivers listed above	
FIRST NAME	LAST NAME	CELL PHONE	RELATION TO CAMPE	
FIRST NAME	LAST NAME	CELL PHONE	RELATION TO CAMPE	

**Register Today!** Please complete both sides of this application and return it by mail, email to ChildrensCenter@thehamptonsynagogue.org, or by calling 631-901-2456.



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Please share any other information you'd like us to know about your child:

### How did you learn of us?:

PARENT/GUARDIAN SIGNATURE

### Camp Liability Waiver, Assumption of Risk and Release, and Other Terms and Permissions

Please initial the permissions to which you agree, and sign below.

By signing below, I agree that I am the parent or legal guardian of above-named camper and hereby give permission for him/her to participate in the Camp Mona Camp Program. We agree to abide by all program and other club rules and regulations, which now exist or which may be hereafter adopted or amended by Camp Mona Clubs, LLC ("Camp Mona"), including providing Camp Mona with medical forms and records of immunization upon request. I further acknowledge and agree that there are certain inherent dangers in participating in tennis, sports and other camp activities, and that Camp Mona shall not be liable for any personal injuries, property theft or damage, or other loss sustained by my child, off, on or about the premises of Camp Mona, or arising out of the use of any facilities, equipment or other property of Camp Mona. I hereby further declare my child to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent his/her participation in Camp Mona camp programs, services and activities. In case of accident or injury to my child, and if an emergency contact person cannot be reached, I grant Camp Mona permission to obtain medical attention for my child, if necessary, for which I will be financially responsible. Camp Mona reserves the right to cancel this contract at any time, at its sole discretion. I understand and agree that Camp Mona retains the rights to any photographs or video taken of the named participant at Camp Mona facilities or at off-site Camp Mona programs or events, to be used for Camp Mona publicity, marketing, social media and advertising.

Payment Information		Payment Terms	
CREDIT CARD   Please use this card: MC VISA AMEX DISCOVER   CARD NUMBER EXPIRATION		I agree to pay Camp Mona at The Hampton Synagogue, in full, upon filing this application. <b>All fees are non-refundable</b> . I understand that no refund or adjustment will be made for absences, including but not limited to, illness, vacation, or failure to	
CVV BILLING ZIP CODE		provide a medical form.	
☐ Yes, I would like 100% of my Camp Mona registration fee to go to cover the credit card transaction fee.	PARENT/GUARDIAN SIGNATURE		
CHECK OR CASH	TOTAL AMOUNT: \$	DATE	

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