

Grown Up and Me Application Form

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 12-23 months

Camp Season: June 23 – August 29, 2025
For 12-23 Month Olds and a Caregiver 9:30-11:30am

Camper Information

			<input type="checkbox"/> M <input type="checkbox"/> F
FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER
PERMANENT ADDRESS	CITY	STATE	ZIP
LOCAL ADDRESS	CITY	STATE	ZIP
SCHOOL NAME AND GRADE FOR SEPT 2025	SYNAGOGUE AFFILIATION		
NAMES AND AGES OF SIBLINGS			
PARENT/GUARDIAN 1: NAME	EMAIL	PHONE	
PARENT/GUARDIAN 2: NAME	EMAIL	PHONE	
ATTENDING CAREGIVER'S NAME (IF NOT THE CHILD'S PARENT)	PHONE	RELATIONSHIP TO CHILD	
ATTENDING CAREGIVER'S EMAIL (IF NOT THE CHILD'S PARENT)	PHONE	RELATIONSHIP TO CHILD	
ALLERGIES / HEALTH RESTRICTIONS	MEDICATIONS TAKEN/REASON FOR MEDICATIONS		
PHYSICIAN'S NAME	ADDRESS	PHONE	
IEP, SPECIAL SERVICES RECEIVED AT SCHOOL			

Grown Up and Me Schedule

PLEASE CHECK THE DAYS AND LIST THE DATES YOU ARE REGISTERING FOR:

	M	T	Th	F	DATES:
2 DAYS/WEEK (\$300/WEEK)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 DAYS/WEEK (\$400/WEEK)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4 DAYS/WEEK (\$500/WEEK)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Emergency Contacts/Authorized Pick Up People

Please list those who may pick up your child and serve as emergency contacts, in addition to the Parents/Guardians/Attending Caregivers listed above.

FIRST NAME	LAST NAME	CELL PHONE	RELATION TO CAMPER
FIRST NAME	LAST NAME	CELL PHONE	RELATION TO CAMPER

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?

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.

PARENT/GUARDIAN SIGNATURE

DATE

Payment Information

CREDIT CARD

Please use this card: MC VISA AMEX DISCOVER

CARD NUMBER EXPIRATION

CVV BILLING ZIP CODE

Yes, I would like 100% of my Camp Mona registration fee to go to THS by adding 3% to cover the credit card transaction fee.

CHECK OR CASH

Check # _____ CASH AMOUNT: \$ _____

Please make checks payable to The Hampton Synagogue.

TOTAL
AMOUNT:

\$ _____

Payment Terms

I agree to pay Camp Mona at The Hampton Synagogue, in full, upon filing this application. **All fees are non-refundable.** I understand that no refund or adjustment will be made for absences, including but not limited to, illness, vacation, or failure to provide a medical form.

PARENT/GUARDIAN SIGNATURE

DATE

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