

154 Sunset Avenue Westhampton Beach NY 11978 631-288-0534 x220 ChildrensCenter@thehamptonsynagogue.org





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

CAMP MONA

Hamptons Premier Early Childhood Day Camp Ages 12 months – 5 years Grown Up and Me through Kindergarten

Camp Season: June 24 – August 30, 2024

For 12-24 Month Olds and a Caregiver 9:30-11:30am

			□m □f
FIRST NAME	LAST NAME	DATE OF BIR	TH GENDER
PERMANENT ADDRESS	CITY	STATE	ZIP
OCAL ADDRESS	CITY	STATE	ZIP
CHOOL NAME AND GRADE FOR SEPT 20	24		
PARENT/GUARDIAN 1: NAME	EMAIL		PHONE
PARENT/GUARDIAN 2: NAME	EMAIL		PHONE
TTENDING CAREGIVER'S NAME (IF NOT 1	THE CHILD'S PARENT)		
TTENDING CAREGIVER'S EMAIL (IF NOT	THE CHILD'S PARENT)	PHONE	RELATIONSHIP TO CHILD
ALLERGIES / HEALTH RESTRICTIONS	MEDICATIO	NS TAKEN/REASON FOR MEDICATIONS	
PHYSICIAN'S NAME	ADDRESS		PHONE
EP, SPECIAL SERVICES RECEIVED AT SCH	OOL		
Grown Up and Me Schedule	e ———		
PLEASE CHECK THE DAYS AND	LIST THE DATES YOU	ARE REGISTERING FOR:	
Ν	И Т Th F	DATES:	
2 DAYS/WEEK (\$300/WEEK)			
3 DAYS/WEEK (\$400/WEEK)			
4 DAYS/WEEK (\$500/WEEK)			
Emergency Contacts/Autho	orized Pick Up Peo	ple	
Please list those who may pick up your chil	d and serve as emergency co	ontacts, "in addition to the Parents/Guardia	ns/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 along with your child's medical form, by mail, email to ChildrensCenter@thehamptonsynagogue.org, or fax: 631-288-4529.



154 Sunset Avenue Westhampton Beach NY 11978 631-288-0534 x220 ChildrensCenter@thehamptonsynagogue.org





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

Hamptons Premier Early Childhood Day Camp Ages 12 months – 5 years Grown Up and Me through Kindergarten

Camp Season: June 24 – August 30, 2024 For 12-24 Month Olds and a Caregiver 9:30-11:30am

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

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 or the 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 premission 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.

SUNSCREEN PERMISSION: New York State Public Health Law now requires written parental permission for a child to carry and use sunscreen at camp. The legislation further requires the camp to maintain record of the parental permission and allows camp staff to assist with the application of sunscreen when the child is unable to do so, provided the child requests the assistance and that this assistance is permitted/authorized by the parent. I hereby give permission for the camper listed on the reverse, to carry and use sunscreen at camp and to use it throughout the day. If my child needs help re-applying sunscreen, I give permission for camp staff to provide my child with assistance if requested.

INSECT REPELLENT PERMISSION: New York State Public Health Law now requires written parental permission for a child to carry and use insect repellent at camp. The legislation further requires the camp to maintain record of the parental permission and allows camp staff to assist with the application of insect repellent when the child is unable to do so, provided the child requests the assistance and that this assistance is permitted/ authorized by the parent. I hereby give permission for the camper listed on the reverse, to carry and use insect repellent at camp and to use it throughout the day. If my child needs help re-applying insect repellent, I give permission for camp staff to provide my child with assistance if requested.

PARENT/GUARDIAN SIGNATURE

DATE

Payment Information		— Payment Terms ————————————————————————————————————
CREDIT CARD Please use this card: MC VISA AMEX		I agree to pay Camp Mona at The Hampton Synagogue, in full, upon filing this
CARD NUMBER	EXPIRATION	application. All fees are non-refundable. I understand that no refund or adjustment will be made for absences, including but
CVV ZIP CODE OF CARD		not limited to, illness, vacation, or failure to
Yes, I would like 100% of my Camp Mona registration to cover the credit card transaction fee.	fee to go to THS by adding 3%	provide a medical form.
Check here to make this your guaranteed form of payment	nt on file.	
CHARGE TO ACCOUNT		PARENT/GUARDIAN SIGNATURE
□ I understand that I need a guaranteed form of payment o file, and I authorize Camp Mona to use it for payment(s) of		DATE
CHECK OR CASH Check # CASH AMOUNT: \$	\$	

Register Today! Please complete both sides of this application and return it along with your child's medical form, by mail, email to ChildrensCenter@thehamptonsynagogue.org, or fax: 631-288-4529.



154 Sunset Avenue Westhampton Beach NY 11978 631-288-0534 x220 ChildrensCenter@thehamptonsynagogue.org





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

Hamptons Premier Early Childhood Day Camp Ages 12 months – 5 years Grown Up and Me through Kindergarten

GROWN UP AND ME 2024 CALENDAR

Camp Season: June 24 – August 30, 2024

= Camp is in session

June 2024

אייר – סיון תשפ״ד

SUN	DAY	MON	ONDAY TUE		TUESDAY WE		WEDNESDAY TH		THURSDAY		FRIDAY		FRIDAY		SATURDAY	
												1 39 OMER	24 lyyar Shabbat Ends 9:03			
												BEC	HUKOTAI			
2 40 OMER	25 lyyar	3 41 OMER	26 lyyar	4 42 OMER	27 lyyar	5 43 OMER	28 lyyar	6 44 OMER	29 lyyar	7 45 omer	1 Sivan 8:07	8 46 OMER	2 Sivan Shabbat Ends 9:08			
							ERUSHALAYIM Reunification Day			Ro	Rosh Chodesh		MIDBAR			
9 47 OMER	3 Sivan	10 48 OMER	4 Sivan	11 49 OMER	5 Sivan 8:09 #	12	6 Sivan Light After 9:09	13	7 Sivan Yom Tov Ends 9:10	14	8 Sivan 8:10	15	9 Sivan Shabbat Ends 9:11			
				Erev Shavuot		SHAVUOT - 1st Day		Yizkor SHAVUOT - 2nd Day				NASSO				
16	10 Sivan	17	11 Sivan	18	12 Sivan	19	13 Sivan	20	14 Sivan	21	15 Sivan 8:12	22	16 Sivan Shabbat Ends 9:13			
FATHER	R'S DAY					JUNETEENTH						BEHA'ALOTECHA				
23	17 Sivan	<mark>2</mark> 4	18 Sivan	25	19 Sivan	26	20 Sivan	27	21 Sivan	28	22 Sivan 8:13	29	23 Sivan Shabbat Ends 9:13			
30	24 Sivan												IELACH			

July 2024

סיון – תמוז תשפ״ד

SUNDAY	MON	NDAY	TUI	ESDAY	WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	1	25 Sivan	2	26 Sivan	3	27 Sivan	4	28 Sivan	5	29 Sivan 8:12	6	30 Sivan Shabbat Ends 9:12
							INDEPEI	NDENCE DAY			Ros	h Chodesh ORACH
7 ^{1 Tammuz}	8	2 Tammuz	9	3 Tammuz	10	4 Tammuz	11	5 Tammuz	12	6 Tammuz 8:09 ##	13	7 Tammuz Shabbat Ends 9:09
Rosh Chodesh											CHUKAT	
14 ^{8 Tammuz}	15	9 Tammuz	16	10 Tammuz	17	11 Tammuz	18	12 Tammuz	19	13 Tammuz 8:04 ##	20	14 Tammuz Shabbat Ends 9:04
												BALAK
21 ^{15 Tammuz}	22	16 Tammuz	23	17 Tammuz Fast Ends 9:02	24	18 Tammuz	25	19 Tammuz	26	20 Tammuz 7:58 ##	27	21 Tammuz Shabbat Ends 8:58
			SHIV'AH AS	SAR B'TAMMUZ							PINCHAS	
28 22 Tammuz	29	23 Tammuz	30	24 Tammuz	31	25 Tammuz						

August 2024

תמוז – אב תשפ״ד

Tammuz / Av 5784

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1 26 Tammuz	2 27 Tammuz 7:51	3 28 Tammuz Shabbat Ends 8:51
						MATOT-MASEI
4 29 Tammuz	5 14	6 ^{2 Av}	7 ^{3 Av}	8 ^{4 Av}	9 ^{5 Av} 7:43 #	10 Shabbat Ends 8:42
	Rosh Chodesh					Shabbat Chazon DEVARIM
11 ^{7 Av}	12 ^{8 Av}	13 9 Av Fast Ends 8:38	14 ^{10 Av}	15 ^{11 Av}	16 12 Av	17 Shabbat Ends 8:32
	Erev Tisha B'Av	TISHA B'AV				Shabbat Nachamu VA'ETCHANAN
18 ^{14 Av}	19 ^{15 Av}	20 ^{16 Av}	21 ^{17 Av}	22 ^{18 Av}	23 ^{19 Av} 723 #	20 Av Shabbat Ends 8:22
	TU B'AV					EIKEV
25 ^{21 Av}	26 ^{22 Av}	27 ^{23 Av}	28 ^{24 Av}	29 ^{25 Av}	30 ²⁶ Av 7:12 ∰	31 27 Av Shabbat Ends 8:11
						RE'EH