

# Early Childhood Day Camp Application Form

154 Sunset Avenue, Westhampton Beach NY 11978  
631-288-0534 x220  
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 months – 5 years Grown Up and Me through Kindergarten

**Camp Season: June 24 – August 30, 2024**

### Camper Information

FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
PERMANENT ADDRESS	CITY	STATE	ZIP
LOCAL ADDRESS	CITY	STATE	ZIP
SCHOOL NAME AND GRADE FOR SEPT 2024			
PARENT/GUARDIAN 1: NAME	EMAIL	PHONE	
PARENT/GUARDIAN 2: NAME	EMAIL	PHONE	
ALLERGIES / HEALTH RESTRICTIONS	MEDICATIONS TAKEN/REASON FOR MEDICATIONS		
PHYSICIAN'S NAME	ADDRESS	PHONE	
IEP, SPECIAL SERVICES RECEIVED AT SCHOOL			

### Camp Weeks

We strongly encourage registering your child for a minimum of 2 weeks of camp. Kosher Dairy/Parve Lunch and Snacks are included in tuition.

HOW MANY WEEKS OF CAMP  
ARE YOU REGISTERING FOR? \_\_\_\_\_

NUMBER OF WEEKS	2 YEAR OLDS	3, 4, & 5 YEAR OLDS
10 WEEKS.....	\$8000	\$9000
9 WEEKS.....	\$7600	\$8500
8 WEEKS.....	\$7200	\$8000
7 WEEKS.....	\$6650	\$7350
6 WEEKS.....	\$6000	\$6600
5 WEEKS.....	\$5250	\$5750
4 WEEKS.....	\$4400	\$4800
3 WEEKS.....	\$3375	\$3675
2 WEEKS.....	\$2350	\$2550
1 WEEK.....	\$1225	\$1325
3 DAYS.....	\$ 795	\$ 900

### Schedule Selection

All selections made after June 1 are subject to availability. Please select the weeks and or days that your camper will be attending camp.

WEEK	DATES	2 YEAR OLD CAMPERS: 9:00AM-12:30PM	3, 4, & 5 YEAR OLD CAMPERS: 9:00AM-2:00PM
1	JUNE 24-JUNE 29 .....	<input type="checkbox"/>	<input type="checkbox"/>
2	JULY 1-JULY 5 .....	<input type="checkbox"/>	<input type="checkbox"/>
3	JULY 8-JULY 12 .....	<input type="checkbox"/>	<input type="checkbox"/>
4	JULY 15-JULY 19 .....	<input type="checkbox"/>	<input type="checkbox"/>
5	JULY 22-JULY 26.....	<input type="checkbox"/>	<input type="checkbox"/>
6	JULY 29-AUGUST 2 .....	<input type="checkbox"/>	<input type="checkbox"/>
7	AUGUST 5-AUGUST 9 .....	<input type="checkbox"/>	<input type="checkbox"/>
8	AUGUST 12-AUGUST 16 .....	<input type="checkbox"/>	<input type="checkbox"/>
9	AUGUST 19-AUGUST 23 .....	<input type="checkbox"/>	<input type="checkbox"/>
10	AUGUST 26-AUGUST 30 .....	<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 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.

continued on reverse

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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 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.

☐ **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

#### CREDIT CARD

☐ Please use this card: ☐ MC ☐ VISA ☐ AMEX ☐ DISCOVER

CARD NUMBER

EXPIRATION

CVV

ZIP CODE OF CARD

☐ **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 here to make this your guaranteed form of payment on file.

#### CHARGE TO ACCOUNT

☐ I understand that I need a guaranteed form of payment on file, and I authorize Camp Mona to use it for payment(s) due.

#### CHECK OR CASH

☐ Check # \_\_\_\_\_ ☐ CASH AMOUNT: \$ \_\_\_\_\_

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

**Register Today!** Please complete both sides of this application and return it by mail, email to [reception@thehamptonsynagogue.org](mailto:reception@thehamptonsynagogue.org), or by calling 631-288-0534.

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# Early Childhood Day Camp 2024 Calendar

**Camp Season: June 24 – August 30, 2024**

 = Camp is in session

## June 2024

אייר – סיון תשפ"ד

Iyyar / Sivan 5784

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1 24 Iyyar 39 OMER Shabbat Ends 9:03
2 25 Iyyar 40 OMER	3 26 Iyyar 41 OMER	4 27 Iyyar 42 OMER	5 28 Iyyar 43 OMER	6 29 Iyyar 44 OMER	7 1 Sivan 45 OMER 8:07	8 2 Sivan 46 OMER Shabbat Ends 9:08
			YOM YERUSHALAYIM Jerusalem Reunification Day		Rosh Chodesh	BAMIDBAR
9 3 Sivan 47 OMER	10 4 Sivan 48 OMER	11 5 Sivan 49 OMER 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 FATHER'S DAY	17 11 Sivan	18 12 Sivan	19 13 Sivan JUNETEENTH	20 14 Sivan	21 15 Sivan 8:12	22 16 Sivan Shabbat Ends 9:13
23 17 Sivan	24 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						SHELACH

## July 2024

סיון – תמוז תשפ"ד

Sivan / Tammuz 5784

SUNDAY	MONDAY	TUESDAY	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
				INDEPENDENCE DAY		Rosh Chodesh KORACH
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 ASAR 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
						MATOTMASEI
4 29 Tammuz	5 1 Av	6 2 Av	7 3 Av	8 4 Av	9 5 Av 7:43	10 6 Av 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 7:33	17 13 Av Shabbat Ends 8:32
	Erev Tisha B'Av	TISHA B'AV				Shabbat Nachamu VAETZANAN
18 14 Av	19 15 Av	20 16 Av	21 17 Av	22 18 Av	23 19 Av 7:23	24 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
						BE'EH