

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

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	
ATTENDING CAREGIVER'S NAME (IF NOT THE CHILD'S PARENT)			
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 along with your child's medical form, by mail, email to ChildrensCenter@thehamptonsynagogue.org, or fax: 631-288-4529.

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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

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GROWN UP AND ME 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 Shabbat Ends 9:03 39 OMER
						BECHUKOTAI
2 40 OMER	3 41 OMER	4 42 OMER	5 43 OMER	6 44 OMER	7 45 OMER	8 46 OMER
			YOM YERUSHALAYIM Jerusalem Reunification Day		Rosh Chodesh	BAMIDBAR
9 47 OMER	10 48 OMER	11 49 OMER	12 50 OMER	13 51 OMER	14 52 OMER	15 53 OMER
	Erev Shavuot	SHAVUOT - 1st Day	SHAVUOT - 2nd Day			NASSO
16 FATHER'S DAY	17	18	19	20	21	22
			JUNETEENTH			BEHALOTECHA
23	24	25	26	27	28	29
30						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	6 30 Sivan
				INDEPENDENCE DAY		Rosh Chodesh KORACH
7 1 Tammuz	8 2 Tammuz	9 3 Tammuz	10 4 Tammuz	11 5 Tammuz	12 6 Tammuz	13 7 Tammuz
	Rosh Chodesh					CHUKAT
14 8 Tammuz	15 9 Tammuz	16 10 Tammuz	17 11 Tammuz	18 12 Tammuz	19 13 Tammuz	20 14 Tammuz
						BALAK
21 15 Tammuz	22 16 Tammuz	23 17 Tammuz	24 18 Tammuz	25 19 Tammuz	26 20 Tammuz	27 21 Tammuz
		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	3 28 Tammuz
						MATOT/MASEI
4 29 Tammuz	5 1 Av	6 2 Av	7 3 Av	8 4 Av	9 5 Av	10 6 Av
	Rosh Chodesh					Shabbat Chaon DEVARIM
11 7 Av	12 8 Av	13 9 Av	14 10 Av	15 11 Av	16 12 Av	17 13 Av
	Erev Tisha B'Av	TISHA B'AV				Shabbat Nachamu VETCHANAN
18 14 Av	19 15 Av	20 16 Av	21 17 Av	22 18 Av	23 19 Av	24 20 Av
	TU B'AV					EIKEY
25 21 Av	26 22 Av	27 23 Av	28 24 Av	29 25 Av	30 26 Av	31 27 Av
						RE'EH