

Early Childhood 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 2- 5 years

Camp Season: June 22 – August 28, 2026

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 2026	SYNAGOGUE AFFILIATION		
NAMES AND AGES OF SIBLINGS			
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-3:30PM
1	JUNE 22-JUNE 26	<input type="checkbox"/>	<input type="checkbox"/>
2	JUNE 29-JULY 2	<input type="checkbox"/>	<input type="checkbox"/>
3	JULY 6-JULY 10	<input type="checkbox"/>	<input type="checkbox"/>
4	JULY 13-JULY 17	<input type="checkbox"/>	<input type="checkbox"/>
5	JULY 20-JULY 24	<input type="checkbox"/>	<input type="checkbox"/>
6	JULY 27-AUGUST 31	<input type="checkbox"/>	<input type="checkbox"/>
7	AUGUST 3-AUGUST 7	<input type="checkbox"/>	<input type="checkbox"/>
8	AUGUST 10-AUGUST 14	<input type="checkbox"/>	<input type="checkbox"/>
9	AUGUST 17-AUGUST 21	<input type="checkbox"/>	<input type="checkbox"/>
10	AUGUST 24-AUGUST 28	<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 by mail, email to ChildrensCenter@thehamptonsynagogue.org, or by calling 631-901-2456.

continued on reverse

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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.

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

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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