

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: July 6 – August 27, 2026
For 12-23 Month Olds and a Caregiver, Mondays, Tuesdays, and Thursdays, 9:30-11:00am

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	DATES:
2 DAYS/WEEK (\$300/WEEK)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 DAYS/WEEK (\$400/WEEK)	<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.

