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SOUTHAMPTON

CIT APPLICATION

Last Name	First Name	Jewish Name	Date of Birth/Age
Home Address		School Starting 2012	Grade entering
City/State/Zip		Home Phone	
Cell Phone Number (Applicants)			e-mail address
Fathers Name	Fathers e-mail	Fathers Cell Number/occupation	
Mothers Name	Mothers e-mail	Mothers Cell Number/occupation	
Reference #1 - Name/Phone			

PLEASE INDICATE IF YOU WOULD LIKE TO BE A CIT IN THE MINI GAN OR GAN ISRAEL.

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Dates	Program	Mini Gan - 2-4 Years 5 days a week 9:00am-1:00pm	Junior Gan Israel - 5-8 Yrs. 5 days a week 9:00am-3:30pm
Session #1 - July 2 - July 20			
Session #2 - July 23 - August 10			
Full Summer - July 2 - August 10			