SESSION: Spring/Summer 2004/1425H.



60 Connolly Parkway, Unit 17-212, Hamden, Connecticut, U.S.A.
Tel: (203) 562-2757 --- (203) 624-7827
P.O. Box 4456, Hamden, CT 06514
http://ccminc.faithweb.com/ich

PLEASE PRINT CLEARLY WITH INK. COMPLETE BOTH SIDES OF FORM.

STUDENT INFORMATION.	
Full Name	
Year/Date of Birth	[] Male [] Female
(Additional students may be registe	red on reverse.)
. ADMISSION APPLIED FOR .	
[] Sunday class 10AM-1:30PM	[] Daily after-school program 5-7PM
. PARENT/GUARDIAN INFORMATION.	
Full of the Control of Name	
Father's/Guardian's Name	
Mother's Name	
Address	
City, State, Zip Code	
Home Phone	Work Phone
Email	
EMERGENCY CONTACT INFORMATION.	
1. Name	
Priorie/Address	
2. Name	
Phone/Address	

^{***} Please read rules and regulations on reverse and sign. ***

Full Name					
Year/Date of Birth		[] Male	[] Female
Full Name					
Year/Date of Birth		[] Male	[] Female
Full Name					
Year/Date of Birth		[] Male	[] Female
Full Name					
Year/Date of Birth		[] Male	[] Female
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