

Emmanuel Chin Baptist Church

CE Department

Registration Form



Name (Min): _____
First Middle Last

Birthday (Chuahni): _____ Age (Kum): _____

Parent's Name (Nu/Pa min): _____

Cell Phone: (_____) _____

Address: _____
House numbers and Street Names City/State Zip code

Lists any allergies (Eiding asi lo ah thil pakhat khat ai ziaik lomi):

Zulh ding:

- **Class chung ah Phone tong lo ding.**
- **Cawnak he ai pehtlai lomi thil i ken lo ding.**
- **Ka fanu ka fapa zoh dawh lo le chimh ngai loin a um ah cun, Saya/mah te nih a herh ning in chimh cawnpiak ding in ka lung a tling.**
- **A cung lei kong he zoh dawh lo thil a can ahcun pehtlaih khawh kan si.**

Agree (Lungtling)

Disagree (Lungtling loh)

- Na fa hi ze i ruang ah dah Church School kai seh ti na duh?
- _____

Parents' signature (Nu/Pa minthut): _____

Today's date (Ni le thla): _____