

Fall Semester (September to December) Registration Form

Parent Information School hours – Online Classes - Sunday afternoon 1:30pm to 3:15pm

Parent/Guardian (Last Name)	English Name (First Name)		Chinese Name (If any)	Occupation	
Parent/Guardian (Last Name)	English Name (First Name)		Chinese Name (If any)	Occupation	
Address: <i>(for new student only or previously enrolled students address has changed)</i>			Phone No.	Cell Phone.	E-mail address
Emergency Contact (Last, First)	Phone No.	Cell Phone No.	Family Doctor (Last, First)		Phone

Student Information (One form / per family) Please note - Pre-K (4 years old) Kindergarten (5 years old)

Chinese Name (If any)	English Name (Last, First)	Sex	Age	Date of Birth (M/D/Y)	English Grade	Chinese Level	Adult Class

Registration: Open between 7/1 - 8/15. A \$20.00 discount on tuition will be given if enrollment is done before 8/1.

Refund Policy: For language class, tuition will be refunded in full if you cancel your registration prior to attending classes.	Language class tuition:	\$240.00/ per student	
	Registration Fee:	\$20.00	
	Membership Fee(Mandatory):	\$20.00	
Please <i>mail</i> signed Registration Form and a check (payable to SACCI)to: Ms. Angela Fang 11927 Mesquite Mesa St., S. A. TX 78249 Tel. (210) 415-7641		(Make check payable to SACCI)	Total

Medical Authorization and Disclaimer: I request that the above named student(s) be permitted to participate in the SACCI activities. He/She is in good physical condition. In case of illness or accident, the SACCI has my authorization to secure necessary medical attention. I will not hold SACCI, its staff or teachers liable for any and all medical aids rendered and will reimburse the SACCI for any and all medical and/or other expenses incurred in his/her care. I am hereby waiving all claims against the SACCI and the UTSA campus in which the SACCI operates, for injury, accident, illness or death occurring during the school hours.

*****Classes are offered to general public regardless of race, color, sex, religion, handicap or national origin. *****

Signature of Parent or Guardian: _____

Date: _____