

聖 城 中 文 學 校      San Antonio Chinese Culture Institute (<http://sacaci.us>)

**Spring Semester (January to May) Registration Form**

Parent Information: **You may skip this section if no info changed**

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)**

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

**Registration:** Open between 12/1 – 12/20.

**Refund Policy:** For language class, tuition will be refunded in full if you cancel your registration prior to attending classes.

	<b>Language class tuition:</b>	\$260.00/ per student	
	<b>Registration Fee:</b>	\$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			
		<b>(Make check payable to SACCI)</b>	<b>Total</b>

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:** \_\_\_\_\_