

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

Fall Semester (September to December) Registration Form

Parent Information **Online Classes** – Intermediate & Advanced Levels **In-person Classes** – Kinder, all Beginner Levels & Adult Class School Hours: Sunday afternoon 1:30pm to 3:15pm

Parent/Guardian (Last Name)	English Name (First Name)		Chinese Name (If any)	Occupation	In-person Location: Raindrop Turkish House 4337 Vance Jackson Rd., Ste 203 San Antonio, TX 78230
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 (If any)	English Name (Last, First)	Sex	Age	Date of Birth (M/D/Y)	English Grade	Chinese Level		

Registration: Open between 7/25- 8/15. A \$20.00 discount on tuition will be given if enrollment is done before 8/15.

Refund Policy: For language class, tuition will be refunded in full if you cancel your registration prior to attending classes.	Language class tuition:	\$270.00/ per student (2 nd child or more will get \$20 discount at \$250/each)	
	Registration Fee:	\$20.00/per family	
	Membership Fee(Mandatory):	\$20.00/per family	
Please <i>mail</i> signed Registration Form, signed Class Rules and a check (payable to SACCI)to:			
Dr. John Lin	(Make check payable to SACCI)		Total
20435 Cliff Park, S. A. TX 78258 Tel. (210) 867-3588 (cell)			

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 Raindrop Turkish House in which the SACCI operates, for injury, accident, illness or death occurring before, during or after 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: _____