

聖 城 中 文 學 校

San Antonio Chinese Culture Institute (https://sacci.us/)

Spring 2025 Semester (September to December) Registration Form

Parent/Guardian (Last Name) English Name (First Name) Chinese Name (If any) Occupation Location: Raindrop Turkish House	(For Adult class, pleas					_, .				r Level, Phonetics Le	evei, interine	culate Level I, II	ntermediate Le	everii
Parent/Guardian (Last Name)			13. Guilday arto				Occupation		Location:					
Address: Cell Phone No. 1	Parent/Guardian (Last Name) English Name (First Name						Chinese Name (If any)			Occupation		4337 Vance Jackson Rd., Ste 203		
Student Information (One form / per family) (You may skip this section if no info changed): English Name Chinese Name Date of Birth English Chinese (Last, First) (If any) Sex Age (MM/DD/YY) Grade Level F Registration: Open until 01/12/2025. Refund Policy: Tuition will be refunded in full if you cancel your registration prior to attending the first class. Registration Pee: \$20.00/per family/per semester Membership Fee (Mandatory): If paying by check, the check should be payable to SACCI. Total: If paying by check, the check should be payable to SACCI. Total: If paying by Venmo or Zelle: Call Dr. John (Shu-chiang) Lin, at 210-867-3588 for details 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. am hereby walving 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.	Address:					Cell Phone No 1			. Cell Phone No. 2			•		
English Name Chinese Name Date of Birth English Chinese	Emergency Contact (e No.												
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Parent or Guardian: Date:	Parent or Guardi	an:						Date: _						