

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

**Student Information**

School hours – Every Sunday afternoon **1:30pm to 3:15pm**

Location: Incarnate Word High School 727 E. Hildebrand, S.A. TX 78212

Last Name	First Name	Chinese Name (If any)	Occupation
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**Fill if info below has changed**

Address	Phone No.	Cell Phone.	E-mail address
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Emergency Contact (Last, First)	Telephone No.	Family Doctor (Last, First)	Phone
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<i>Refund Policy: Tuition will be refunded in full if you cancel your registration prior to 1<sup>st</sup> day of attending classes.</i>	<b>Language class tuition:</b>	\$240.00/ per student	
	<b>Registration Fee:</b>	\$20.00	
	<b>Donation:</b>	Help school fundraising	
Due by Dec. 15, 2019. Please email Registration Form to – <a href="mailto:tsungyung.fang@gmail.com">tsungyung.fang@gmail.com</a> and mail 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 Incarnate Word High School 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 Student:** \_\_\_\_\_

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