

Spring Semester (January to May) Registration Form

School hours – Every Sunday afternoon. Beginner and Intermediate - 1:30pm to 3:15pm (culture class 3:30pm-4:15pm)

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

Section 1: Fill if info below has changed, otherwise leave it blank and go to section 2 – student info

Address:		Phone No.	Cell Phone.	E-mail address	
Emergency Contact (Last, First)		Phone No.	Cell Phone No.	Family Doctor (Last, First)	
				Phone	

Section 2: Student Information (One form / per family)

Chinese Name	English Name			Date of Birth	English	Chinese	Elective Courses – Chinese Culture Classes
(If any)	(Last, First)	Sex	Age	(M/D/Y)	Grade	Grade	Check one (3:30 pm – 4:15 pm)
							<input type="checkbox"/> Chinese Calligraphy

Refund Policy: No refund for language class. For all culture classes, 75% after 2 nd week, 50% after 3 rd week, 25% after 4 th week. No refund after 5 th week. Between Dec. 15 to Jan. 4 , please email signed Registration Form to – tsungyung.fang8@gmail.com and mail a check (payable to SACCI) to – Ms. Angela Fang 11927 Mesquite Mesa St., S. A. TX 78249 Tel. (210) 415-7641	Language class tuition:	\$240.00/ per student	
	Registration Fee:	\$20.00	
	Donation:	Help school fundraising	
		(Make check payable to SACCI)	Total
	Chinese culture class fee:	\$90.00/per student	

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 Parent or Guardian: _____

Date: _____