

Fall 2023 Semester (September to December) Registration Form

Parent Information (You may skip this section if no info changed): **Online Classes** –Advanced Level I **In-person Classes** –Beginner Level, Intermediate Level I and II. (For Adult class, please use TCML registration form) School Hours: Sunday afternoon 1:30pm to 3:20pm

Parent/Guardian (Last Name)	English Name (First Name)		Chinese Name (If any)	Occupation	<b>In-person Location:</b> Raindrop Turkish House
Parent/Guardian (Last Name)	English Name (First Name)		Chinese Name (If any)	Occupation	4337 Vance Jackson Rd., Ste 203 San Antonio, TX 78230
Address: (for new student only or previously enrolled students address has changed)			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		
						Will be assessed by teacher(s) and the Principal		

<b>Registration:</b> Open until 9/10/2023.			
<b>Refund Policy:</b> Tuition will be refunded in full if you cancel your registration prior to attending the first class.	<b>Language class tuition:</b>	\$270.00/ per student (2 <sup>nd</sup> child or more will get \$20 discount at \$250/each)	
	<b>Registration Fee:</b>	\$20.00/per family	
	<b>Membership Fee (Mandatory):</b>	\$20.00/per family	
Please email signed Registration Form to <a href="mailto:slin_100@hotmail.com">slin_100@hotmail.com</a> or mail to Mr. John (Shu-chiang) Lin 20435 Cliff Park, San Antonio, TX 78258 Tel. (210) 867-3588  If paying by check, the check should be payable to <b>SACCI</b> . If paying by Venmo or Zelle: Call Dr. John (Shu-chiang) Lin at 210-867-3588 for details	<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 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: \_\_\_\_\_