

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
							<input type="checkbox"/> Conversation (mixed levels)

<b>Refund Policy:</b> No refund for language class. For all culture classes, 75% after 2 <sup>nd</sup> week, 50% after 3 <sup>rd</sup> week, 25% after 4 <sup>th</sup> week. No refund after 5 <sup>th</sup> week.	<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 the Registration Form to: <a href="mailto:tsungyung.fang8@gmail.com">tsungyung.fang8@gmail.com</a> May 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>
	<b>Chinese culture class fee:</b>	\$120.00/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: \_\_\_\_\_