

Fall Semester (August to December) Registration Form

Parent Information School hours – Sunday afternoon 1:30pm to 3:15pm (culture class 3:30pm-4:15pm) Location: Incarnate Word High School 727 E. Hildebrand, S.A. TX 78212

Parent/Guardian (Last Name)	English Name (First Name)		Chinese Name (If any)	Occupation	Volunteer	
					Able to help in the classroom	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Able to ring recess bell	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Able to patrol the hallway	Yes <input type="checkbox"/> No <input type="checkbox"/>
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) Please note - Pre-K (4 years old) Kindergarten (5 years old)

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

Registration: Open between 5/15 - 8/15. A \$20.00 discount on tuition will be given if enrollment is done before 8/1. A \$20.00 late fee will be charged to all current students after 8/15.

Refund Policy: For language class, tuition will be refunded in full if you cancel your registration prior to attending classes. 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.	Language class tuition:	\$220.00/ per student	
	Registration Fee:	\$20.00	
	Membership Fee(Mandatory):	\$20.00	
Between May to August , please email signed (1)Registration Form, (2)Student Class Rules to tsungyung.fang8@gmail.com and (3) mail a check (payable to SACCI)to: Ms. Angela Fang 11927 Mesquite Mesa St., S. A. TX 78249 Tel. (210) 415-7641	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: _____