



聖城中文學校

San Antonio Chinese Culture Institute (<https://sacsi.us/>)

Fall 2025 Semester (September to December) Registration Form

Parent Information (You may skip this section if no info changed):

In-person Classes –Kinder Level, Beginner Level, Phonetics Level, Intermediate Level I, Intermediate Level II

(For Adult class, please use TCML registration form)

School Hours: Sunday afternoon 1:30 pm to 3:30 pm

Parent/Guardian (Last Name)	English Name (First Name)		Chinese Name (If any)	Occupation	Location:
Parent/Guardian (Last Name)	English Name (First Name)		Chinese Name (If any)	Occupation	Raindrop Turkish House
Address:			Cell Phone No 1	Cell Phone No. 2	E-mail address
Emergency Contact (Last, First)			Cell Phone No.		
4337 Vance Jackson Rd., Ste 201 San Antonio, TX 78230					

Student Information (One form / per family) (You may skip this section if no info changed):

English Name	Chinese Name			Date of Birth	English	Chinese		
(Last, First)	(If any)	Sex	Age	(MM/DD/YY)	Grade	Level		
		F						
		F						
		F						

Registration: Open until 08/24/2025.

Refund Policy: Tuition will be refunded in full if you cancel your registration prior to attending the first class.

Please email Registration Form to slin_100@hotmail.com or mail to Mr. John (Shu-chiang) Lin, 20435 Cliff Park, San Antonio, TX 78258	Language class tuition:	\$300.00/ per student (2 nd child or more will get \$25 discount at \$275/each)	
	Registration Fee:	\$20.00/per family/per semester	
	Membership Fee (Mandatory):	\$20.00/per family/per year	
		If paying by check, the check should be payable to SACCI.	Total:
		If paying by Venmo or Zelle: Call Dr. John (Shu-chiang) Lin at 210-867-3588 for details	

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. *****

Parent or Guardian: _____

Date: _____

2025/8/15