4337 Vance Jackson Rd. Ste 201, S. A. TX 78230

臺灣華語文學習中心(at San Antonio) Registration Form for Fall 2025

For 18+ adults (https://www.tcmlsatx.org/)

(A) Personal Information

Last Name:	First Name:	Chinese Name (If any):	Occupation (Optional):
Address:		Cell Phone No.:	E-mail address:
Emergency Contact (Last, First) (Optional)	Cell phone No:		Photo Released: Yes ☐ No ☐

(B) Pre-course Survey

Have you ever taken Mandarin/Chinese courses?	Yes ☐ No ☐
If yes, how long have you been learning Mandarin/Chinese?	_____ Year, _____ months
If yes, how do you determine the level of your proficiency in Mandarin/Chinese?	**Reading**: Basic ☐ Intermediate ☐ Advanced ☐ **Writing:** Basic ☐ Intermediate ☐ Advanced ☐ **Speaking:** Basic ☐ Intermediate ☐ Advanced ☐ **Listening:** Basic ☐ Intermediate ☐ Advanced ☐
Why do you choose to learn Mandarin/Chinese (what are some of your motivations?)	Business☐ Travel☐ Family☐ Other☐
Do you have any preferences on how the lectures should be given?	Lecture☐ Activity☐ Conversation-based☐

(C) Fees

Language class tuition:	$360.00 for non-student	$120 for student (with student ID)
Registration Fee:	$20.00	$20.00
	Total: $380	Total: $140

Note 1: Refund Policy, Tuition will be refunded in full if you cancel your registration prior to attend the first class.
Note 2: Please email the Registration Form to tcml.satx@gmail.com or slin_100@hotmail.com, and mail a check (payable to **SACCI**) to: Mr. John (Shu-chiang) Lin, 20435 Cliff Park, San Antonio, TX 78258, Tel. 210-764-9882 or 210-201-4772.
If paying by check, the check should be payable to SACCI.
If paying by Venmo or Zelle: Call Dr. John (Shu-chiang) Lin at 210-867-3588 for details
Note 3: Medical Authorization and Disclaimer: I request that the above-named student(s) be permitted to participate in the TCML activities. He/She is in good physical condition. In case of illness or accident, the TCML has my authorization to secure necessary medical attention. I will not hold TCML, its staff, or teachers liable for any and all medical aids rendered and will reimburse TCML for any and all medical and/or other expenses incurred in his/her care. I am hereby waiving all claims against the TCML and the Raindrop Turkish House in which the TCML operates, for injury, accident, illness, or death occurring during school hours.
******Classes are offered to the general public regardless of race, color, sex, religion, handicap, or national origin. *****

Signature of Student: _____ **Date:** _____