

慧景中文學校

Saratoga Vision Chinese School

Address: Argonaut Elementary School 13200 Shadow Mountain Dr., Saratoga CA 95070

Mailing Address: 19901 Merribrook Dr., Saratoga CA 95070

Tel: 415-805-1012

Registration

- The online registration form must be completed and signed electronically before you register your student. Your payment and the signed photo and medical release forms (listed below) need to be turned in together before the registration can be processed.
- Registration is accepted **by mail or turn in to the office**. Phone or Fax registration will not be accepted.
- Students need to be 4 years 9 months old to register for K and CFL1 classes
- The tuition for the 2026-2027 school year is \$975 including 30 in-person classes. Early bird (before 5/1) discount is \$925. Only checks are accepted. Please make your check payable to Saratoga Vision Chinese School. Be sure to write the student's name on the check.
- Saratoga Vision Chinese School is a non-profit organization. **Room parent duty is mandatory.**
- There are 30 weeks of two-hour lessons in one school year. Classes are held on Friday from 7:00 pm to 9:00 pm.
- A \$50 handling fee will be charged for any class change requested by the parents/guardians after the school starts.
- Saratoga Vision Chinese School reserves the right to cancel a class for any reasonable cause.

Absences and Late charge

- There will be no refund, credit, and make-up for missed classes, unless classes are canceled by school.
- Students must be picked up within 10 minutes after the class ends. A late charge of \$1 per minute will be applied afterward. The late fee must be paid at the time of pick-up to the Saratoga Vision Chinese School on-duty supervisor.

Refund Policy for Cancellation

- 50% refund if the cancellation is made on or before July 31st, 2026.
- No refund if the cancellation is made on or after August 1st, 2026.

Photo Release Form

Saratoga Vision Chinese School has my permission to use my child's photograph for school events and posting on the school website.

Student's name: _____ (Please print)

Parent/Guardian's Signature: _____ Date: ____/____/2026

Medical Release Form

We as parents/guardians of the student _____ (student's name), give the permission to Saratoga Vision Chinese School for my child _____ (student's name) to receive emergency medical treatment. It is understood that every attempt will be made to contact the people listed in the registration form before taking this action. I hereby release the Saratoga Vision Chinese School from any liability resulting from my child's participation in the activity mentioned in this registration form.

Parent/Guardian's Signature: _____ Date: ____/____/2026