



达福中文学校

4100 Legacy Drive, Suite 404, Plano, TX 75024

## Registration Form

Must be updated annually. Please fill in all blanks including the emergency contact persons' address for safety and State Licensing. Fill in N/A if not applicable.

Student Name:		Date of Birth:	Age:	Start Date:
		Male/Female:	Fall Grade:	
Student Address:			City:	Zip Code:
Mother's Full Name:	Address:		City/State:	Zip Code:
	Work Phone:	Cell Phone:	Home Phone:	Email:
Father's Full Name:	Address:		City/State:	Zip Code:
	Work Phone:	Cell Phone:	Home Phone:	Email:
Emergency Contact Other Than parents/Guardian	Address:		City/State:	Zip Code:
	Work Phone:	Cell Phone:	Home Phone:	Email:

Please list additional persons allowed to pick up your child/ren. Older siblings may pick up provided there is a signed permission letter from the parent and Photo ID of sibling on file at QD Academy. The following individuals may serve as my agent and have my permission to pick up my child/ren from QD Academy.

Name (Primary person other than parents)	Relationship to Student	Driver's License # (attach a copy of the driver's license for each)	Phone Number
1.			
2.			

### After School Program

**Curriculum:** please circle the classes you sign on.

Starting: Fall / Spring

<b>Chinese 标准中文</b>	Book Fee: \$35 (PY: \$20)	Mon & Wed:	PinYin	1	2	3	4	5	6
<b>PACE/GT Prep</b>	Material Fee: \$50	Grade:	K	1	2	3	4	5	

### Summer Camp

Put "ALL" in each column if attending all 5 days; otherwise, write the days attending, i.e. "MWF" for 3 days.

Date	5/26 - 5/30	6/2 - 6/6	6/9 - 6/13	6/16 - 6/20	6/23 - 6/27	6/30 - 7/4
Attending Days						
Tuition						
Date	7/7 - 7/11	7/14 - 7/18	7/21 - 7/25	7/28 - 8/1	8/4 - 8/8	
Attending Days						
Tuition						

- QD Academy will be closed on Friday (July 4th) for Independence Day.

**Curriculum:** please circle all classes you sign on

<b>Chinese 暨南中文</b>	Book Fee: \$20	PinYin	1	2	3	4	5	6	7	8	9
<b>PACE/GT Prep</b>	Material fee: \$50	Grade (as of coming Fall):	K	1	2	3	4	5			

- Do you need pick up from PISD summer program? YES \_\_\_\_\_ NO \_\_\_\_\_

- If yes, please specify the location \_\_\_\_\_ and time \_\_\_\_\_

Gulledge, Skaggs, Robinson or Rice

**Check all items that apply below:**

- 1.  Transportation – I hereby  give  do not give – my consent for my child/ren to be transported by QD Academy:
  - from my child’s public school       on field trips and to parks
- 2.  Water activities – I hereby  give  do not give – my consent for my child/ren to participate in swimming at the Plano recreation centers (summer program only).
- 3.  Publications, Video, Internet Consent and Release – I hereby  agree  do not agree – to allow my child to be photographed and video taped at QD Academy and QD Academy’s special events (e.g., holiday parties, speech classes and contests, and summer field trips) for the purpose of celebration, evaluations and promotion of the programs. I may request a hard/soft copy of my child’s/children’s photographs at no charge of make my own copy of video tape at my own efforts.
- 4.  Field Trip – I hereby  give  do not give – my consent for my child to participate in QD Academy field trip events and to travel to and from events.

I will not hold QD Academy responsible for any liability of accident and/or the cost of emergency care and/or transportation.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Immunization**

*Please sign both the immunization and emergency contact sections.*

My child attends the following school :

School Name:

School Address:

City/Zip:

School Phone #:

My child’s immunization record and hearing/vision-screening statement are on file at the school and all immunizations are current.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Health and Medical Contacts**

*Please fill in the blanks including doctor’s address for safety. Write N/A if not applicable.*

Insurance Company:

Phone #:

Group Policy #:

Covered or Responsible Name:

Doctor:

Phone #:

Address:

Preferred Hospital:

Phone #:

Address:

If necessary, I authorize QD Academy to obtain emergency medical care and to transport my child/ren to the nearest clinic/hospital for emergency medical treatment.

IMPORTANT HEALTH INFORMATION: Please list health conditions, allergies (drug, food, etc.), hospitalization in the past 12 months, medications prescribed for long-term use, and medical history below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization for Emergency Medical Care**

I give permission for my child \_\_\_\_\_ for fully participate in gymnastics, basketball, ping pong, and all other classes if registered, subject to limitations noted herein. In case of emergency, I understand that QD Academy will make every effort to contact parents or emergency contacts. I hereby give QD Academy permission to secure a licensed healthcare practitioner to ensure proper treatment including hospitalization, anesthetics, surgery, or injections of medicine for my child. I further understand that I will be responsible to pay for the emergency treatment expenses.

I have read, understood, and agreed to the above statements and attached QD Academy Policies.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Check payable to **QD Academy**

Bring in this form or mail to:

Email: [info@qdacademy.org](mailto:info@qdacademy.org)

**Zelle Payment: [qdacademy4100@gmail.com](mailto:qdacademy4100@gmail.com), QD Academy**

**4100 Legacy Drive, Suite 404, Plano, TX 75024**

**Office: 469-241-1507**

**Cell: 214-802-5020**

### After-School Schedule

<b>DAY TIME</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>
<b>3:00 – 3:20</b>	Arriving				
<b>3:20 – 3:30</b>	Snacks				
<b>3:30 – 5:40</b>  <b>(20 Minutes Break Time)</b>	School Homework				
	Math	Math & Language Art & Optional Class	Language Art	Math & Language Art & Optional Class & Speech Prep.	Math & Story Telling /Speech Presentation
	Chinese Lesson (4:00 - 5:00) Or Language Art		Chinese Lesson (4:00 - 5:00) Or Math		
<b>5:40 - 6:00</b>	Quiet Reading				
<b>6:00- 6:30</b>	Group Time / Departure				



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### After School Optional Class Schedule

	Mon	Tue	Wed	Thu	Fri
<b>Classroom</b>		Drawing (\$25/class) 3:30-4:30 pm		Free PACE/GT (\$50 Material Fee) K - G2 3:30 - 5:00 pm G3 - G5 3:30 - 5:00 pm	
					Robotics & Coding by Wize Computing Academy 4:30 - 5:30 pm
		Chess (\$20/class) 3:30 - 4:30 pm			
<b>Gym</b>					Badminton (\$20/class) 3:40 - 4:40 pm
<b>Table Tennis</b>	Table Tennis	Table Tennis	Table Tennis	Table Tennis	Table Tennis

- Table Tennis Registration: [nttc.org](http://nttc.org)