



4100 Legacy Drive, Suite 404, Plano, TX 75024

2025 Summer School Program (K – G8)

May 27th to August 8th, M-F 7:30 am – 6:30 pm

- Facts:**
- 16,000 SF indoor campus including 6,000 SF gym, basketball court, 8- Ping-pong-table court
 - 2,000 SF wood floor dancing hall and Thirteen standard classrooms
 - Almost 20-year education experience thanks to the exceptional teachers' team

Morning Session:

- Language art: English reading comprehension, social study, science, map skill & geography
- Enrichment Math: Gifted math, critical thinking, problem solving
- Free PACE/GT Test Preparation is available for transfer students

Afternoon Session:

- Everyday Chinese lessons and poems. Using 暨南《中文》 Text book
- Leadership English speech, storytelling, arts and crafts, Science discovery and Chinese
- Sports, Chess and Cultural Events

Other Activities:

Basketball, Board games, Hula Hoop, Puzzle, Jump rope, softball, Lego and Table Games

QD Camp Schedule:

- A. 5 full days
- B. 5 Mornings (7:30 am – 12:00 pm)
- C. 5 Afternoons (12:00 am - 6:30 pm)
- D. 3 full days

Other Optional Camps:

*Table Tennis Camp/Class: nttc.org or contact Edison Wang at 214-679-0688 for registration

*Public Speaking & Leadership by Inspiration Masters (1PM – 4PM): 6/2-6, 7/21-25

*Robotics and Coding Camp by Wize Computing Academy

*Art by HuYu Art Studio (945-217-7289, 9 AM-12 PM): 6/2-6, 16-20, 7/7-11, 14-18, 7/28-8/1

*Badminton Camp by Coach Fan (469-974-1534, 9 AM – 12PM): 6/23–27; 7/7–11; 7/21–25

\$50 Registration (no-refundable) to be waived for any registration by April 30th, 2025.

QD will be closed on July 4th, Friday for observing Independence Day.

PACE/G.T. Preparation only for transfer students or the students who we can't pick up for after-school program.

Notes: The schedules are subject to change for the conditions as weather or some factors that out of our control.

Contact phone: 214-802-5020 (Cell)

469 – 241- 1507 (Office)

Website: www.qdacademy.org

E-mail: info@qdacademy.org

Address: QD Academy, 4100 Legacy Drive, Suite 404, Plano, TX 75024



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May 27th to August 8th, M-F 7:30 am – 6:30 pm

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 – 8:30	Arriving / Table Games / Gym				
8:30 – 9:00	Quiet Reading				
9:00 – 10:00	Language Art, Social Study, Science, Map Skill and Geography				
10:00 – 10:30	Break Time				
10:30 – 11:30	Advanced Math (gifted math, critical thinking, problem solving) Free PACE or G.T. Preparation on Thursday(K- G2) & Friday(G3-G5)				
11:30 – 1:00 Lunch & Recess	Burger Corn Fruits 2% Milk / Juice	Pizza Carrots/dip Fruits 2% Milk / Juice	Burger Corn Fruits 2% Milk/Juice	Pizza Carrots/dip Fruits 2% Milk / Juice	Chinese Food Fruits 2% Milk / Juice
1:00 – 2:00	Chinese Lesson (Mon. -> Fri.)				
2:30 – 4:30	Movie Snack & Drink	Arts/Crafts Origami Snack & Drink	Field Trip /Movie Snack & Drink	Story Telling/Speech Preparation Snack & Drink	Story Telling/Speech Snack & Drink
4:30 – 5:00	Break Time				
5:00 – 6:00	Sports or Group Game Time				
6:00 – 6:30	Social / Play time / Departure				

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2025 Summer School Optional Class Schedule

	Mon	Tue	Wed	Thu	Fri
GYM				Badminton (\$20) 2:30 – 3:30 pm	
Classrooms		Drawing \$25 (Material fee included) 2:30 – 3:30 pm			
		Chess (\$20) 3:30 – 4:30 pm			
Table Tennis	Table Tennis	Table Tennis	Table Tennis	Table Tennis	Table Tennis

- Table Tennis Registration: ntttc.org



达福中文学校

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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

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

Chinese 暨南中文	Book Fee: \$20	PinYin	1	2	3	4	5	6	7	8	9
PACE/GT Prep	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

Zelle Payment: qdacademy4100@gmail.com, QD Academy

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