

4100 Legacy Drive, Suite 404, Plano, TX 75024

## **2017 Summer School Program** June 5 to August 18, 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
- ➤ Over 10-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, story telling, arts and crafts, Science discovery and Chinese oral presentations
- Field trips (movie, bowling, swimming, roller skating, Kid Mania and other educational activities)
- ➤ Sports and Chess tournaments & Cultural Events
- > Optional Classes: Drawing, Dancing Class, Voice Class, Chess, Basketball, and Table Tennis

#### Other Activities:

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

#### **Optional Summer Camps:**

- \* Table Tennis Camp
- \* Fencing Camp by Mr. Chris Slaughter, a former US National Team Member & Well-known coach
- \* Basketball, Computer Science, Think and Speak Up, EV3 Robotics etc:

Basketball Coach Li	Computer Science Camp K - G12	Think and Speak Up (Dr. Lisa Wang)	Ceramic Camp Jingde Art Studio	EV3 Robotics Camp G4 - G6
6/12-16, 7/10-14, 8/7-11	6/8,15,22,29, 7/13,20,27, 8/3	8/7 - 8/11	6/19 - 23, 7/17 - 21	8/14 - 8/18
9:00 am - 12:00 pm	Thursday(3:45-5:15 pm)	G2-G5: 9 -12 pm G4-G10: 1:30 - 4:30 pm	9:00 am - 12:00 pm	9:00 am - 4:00pm

Dr. Lisa Wang, who has offered summer speech camp at SMU for 10 years

### **Registration Fee/Discount:**

\$35 Registration (no-refundable), and to be waived if registered by April 30, 2017. \$10 for QD field trip T-shirt. \$5/week tuition discount for one time payment for 8 weeks or more (5-full-day student only) \$5/week additional discount for second child (Table Tennis Camp not included).

Please send the registration form along with the tuition payment to QD Academy (payable to: QD Academy).

4100 Legacy Drive, Suite 404, Plano, TX 75024 Contact phone: 469 – 241 -1507, 214-802-5020

Website: www.qdacademy.org E-mail: info@qdacademy.org



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## 2017 QD Academy Summer School Schedule

June 5 to August 18, 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	Corn Carrots/dip Corn C Fruits Fruits Fruits		Pizza Carrots/dip Fruits 2% Milk / Juice	Chinese Food Fruits 2% Milk / Juice			
1:15 – 2:15	Chinese Lesson (Mon→ Thu.), Chinese poems (Fri.) /Spelling Bee (Mon. & Wed.)							
2:15 – 4:30	Movie/Field Trips Snack & Drink	Optional Class Arts/Crafts Origami Snack & Drink	Field Trips Snack & Drink	Optional class Speech Preparation Snack & Drink	Leadership Speech 3-6 Story Telling K-2 Snack & Drink			
4:30 – 4:45	Break Time							
4:45 – 6:00	Sports Tournament or Group Game Time							
6:00 - 6:30	Social / Play time / Departure							

- QD will be closed on July 4th, Tuesday for observing Independence Day.
- We will pickup students from PISD Summer Program. The tuition includes the pick-up fee, lunch, field trip.
- The tuition includes the pick-up fee, lunch, Chinese Lesson, English Speech and field trips.
- 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.

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# **Registration Form**

Student Name:		Date of Birth:		Aş	Age:		Start Date:						
			Male/Fe	male:		Fa	ll Grade	:					
Student Address:					Ci	City:			Zip Code	<b>:</b> :			
Mother's Full Name:	Address:					Ci	City/State:			Zip Code:			
	Work Phone:		Cell Pho	one:		Н	me Pho	ne:		Email:			
Father's Full Name:	Address:	l	_1			City/State:		Zip Code:					
	Work Phone:		Cell Pho	one:		Н	me Pho	ne:		Email:			
Emergency Contact Other Than parents/Guardian	Address:					Ci	City/State:			Zip Code:			
man parents/Guardian	Work Phone:		Cell Phon			Н	me Pho	ne:		Email:			
Please list additional perso ID of sibling on file at QD													
Name (Primary person oth		Relationship to		Drive	er's Licen	se # (atta	ch a cop			Number	TIOIII Q	D Acade	
1.				the di	river's lic	ense for e	ach)						
2.													
After School P Curriculum: pleas		lasses vou si	gn on.						Startin	g: Fall	L/Sn	ring	
Chinese 标准中文	Free (\$25 b		PinYin	1	2 3	3 4	5	2-3	3-1	3-2	_	on and	Wed
Critical Thinking	\$5/lesson (K-G2) \$6/lesson (G3-G5)		Grade:	K	1	2	3	4	5	6			
PACE/GT Prep	Free (\$20 m		Grade:	K	1	2	3	4	5	6			
Summer Cam													
Put "ALL" in each	column if att			erwise	, write	the da	ys atte	ending	g, i.e. "	MWF"	for 3	days.	
Date		6/5 - 6/9	9	6/12 – 6/16		6/1	6/19 – 6/23		6/26 - 6/30			7/3 -	7/7
Attending Days													
Tuition													
Date	7/10 – 7/14	7/10 – 7/14 7/17 – 7/21		7/24 – 7/28		7/3	7/31 – 8/4		8/7	8/7 - 8/11		8/14 - 8/18	
Attending Days													
Tuition													
-	ny will be clos			·	Indepe	ndence	Day).						
Curriculum: plea			т —										
Chinese 暨南中文	Free	(\$12 book)	PinYir	1	2 3	4 5	6	7 8	9 1	中级阅读	(\$25	materia	al fee)
PACE/GT Prep	Free (\$20	) material fee	) Gra	ade (as	of com	ing Fall	): <b>k</b>	ζ	1 2	3	4	5	6
- Do you need pic	k up from P	ISD summe	er progra	m?	YES	S				NO		<u>.</u>	
- If yes, please specify the location					and time								
		Wilson Ric											

Check all items that apply be	low:							
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 all	low my child				
video taped at QD Academy a								
				a hard/soft	copy of my child's/children's			
photographs at no charge of n 4. □Field Trip – I hereby □ give				andamy fial	d trip ayants and to travel to			
and from events.	□ do not give – my con	sent for my child to	participate iii QD At	radelly field	i trip events and to traver to			
I will not hold QD Academy response	nsible for any liability of	accident and/or the	cost of emergency ca	are and/or tr	ansportation.			
Printed Name of Parent/Guardian	Signatur	e of Parent/Guardiar	1	Date				
Immunization								
Please sign both the immunization and	emergency contact sections							
My child attends the following sch	iool :							
School Name:	School Address:		City/Zip:		School Phone #:			
My child's immunization record as	nd hearing/vision-screeni	ng statement are on	file at the school and	all immuni	zations are current.			
•								
Division of the second of the		CD 4/C						
Printed Name of Parent/Guardian	Sigi	nature of Parent/Gua	ardian	Date				
Health and Medical Contacts								
Please fill in the blanks including doctor Insurance Company:	or's address for safety. Write Phone #:	e N/A if not applicable.  Group Policy #:	Covered or Res	noncible Non	201			
msurance Company.	Thone #.	Group Folicy #.	Covered of Res	polisible Ivali	ic.			
Doctor:	Phone #:	Address:	<u> </u>					
Preferred Hospital:	Phone #:	Address:						
If necessary, I authorize QD Academy to	obtain emergency medical car	re and to transport my ch	ild/ren to the nearest clin	nic/hospital for	emergency medical treatment.			
, , , , , , , , , , , , , , , , , , , ,					,			
IMPORTANT HEALTH INFORMAT	ION: Please list health cond	itions allergies (drug	food etc.) hospitalizati	ion in the nast	t 12 months, medications			
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:								
<b>Authorization for Emergency</b>	Medical Care							
I give permission for my childfor fully participate in gymnastics, basketball, ping pong, and all other classes if								
registered, subject to limitations no								
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.	,, or injections of medici	no for my child. I fu	inioi uniocistano tilat	, I will be les	spondiole to pay for the			
I have read, understood, and agreed to the above statements and attached QD Academy Policies.								
Signature of Parent/Guardian:			Date:					

Please make payable to: Bring in this form or mail to:

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