



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

Chinese 标准中文	Free (\$25 Book)	Mon & Wed:	PinYin	1	2	3	4	5	6	7
PACE/GT Prep	Free (\$20 Material Fee)	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	5/24 - 5/28	5/31 - 6/4	6/7 - 6/11	6/14 - 6/18	6/21 - 6/25	6/28 - 7/2
Attending Days						
Tuition						
Date	7/5 - 7/9	7/12 - 7/16	7/19 - 7/23	7/26 - 7/30	8/2 - 8/6	8/9 - 8/11
Attending Days						
Tuition						

- QD Academy will be closed on Monday (July 5th) for Independence Day.

Curriculum: please circle all classes you sign on

Chinese 暨南中文	Free (\$12 book)	PinYin	1	2	3	4	5	6	7	8	9	10	11
PACE/GT Prep	Free (\$20 material fee)	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 _____
- Christie, Brinker, Robinson, or Wilson

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 or 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 #:
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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: _____

Please make payable to: **QD Academy**
 Bring in this form or mail to: **4100 Legacy Drive, Suite 404, Plano, TX 75024**
 Email: **info@qdacademy.org** Office: **469-241-1507** Cell: **214-802-5020**

2021 – 2022 After-School Schedule

DAY TIME	Mon	Tue	Wed	Thu	Fri
3:00 – 3:10	Arriving				
3:10 – 3:20	Snacks				
3:20 – 5:40	School Homework, Math & Language Art Chinese Lesson/Homework				
Break Time: 4:20 - 4:40	Math	Math & Language Art & Optional Class	Reading	Math & Language Art & Optional Class & Speech Prep.	Math & Story Telling /Speech Presentation
	Chinese Lesson (4:10 - 5:10) Or Language Art		Chinese Lesson (4:10 - 5:10) Or Language Art		
5:40 - 6:00	Quiet Reading				
6:00- 6:30	Group Time / Departure				