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			Age:	Start Da	Start Date:	
					Fall Grade:			
Student Address:			Male/Female:		City:	Zip Cod	Zip Code:	
Mother's Full Name:	Address:	Address:				Zip Cod	e:	
	Work Phone:		Cell Pho	ne:	Home Phone:	Email:		
Father's Full Name:	Address:	Address:			City/State:	Zip Cod	e:	
	Work Phone:		Cell Phone:		Home Phone:	Email:		
Emergency Contact Other	er Address:				City/State:	Zip Cod	e:	
Than parents/Guardian	Work Phone:		Cell Pho	ne:	Home Phone:	Email:		
Please list additional per ID of sibling on file at Q							rom the parent and Photo from QD Academy.	
Name (Primary person other than parents)		Relationship to	Student	Driver's License # (attach a copy of		Phone Number		
1.				the driver's license for each)				
2.								
After School	Program					•		
Curriculum: plea	ase circle the c					Starting: Fal	<u> </u>	
Chinese 标准中文 Free (\$25 b		ook) PinYin		1 2	3 4 5 6	3-1 3-2	Mon and Wed	
Critical Thinking	,	\$5/lesson (K-G2) \$6/lesson (G3-G5)		Grade: K 1 2 3		5 6		
		naterial fee)	Grade:	K 1	2 3 4	5 6		
Summer Can Put "ALL" in eac		tending all 5	days; othe	erwise, write	e the days attendin	g, i.e. " MWF "	for 3 days.	
Date		6/4 - 6/8		6/11 – 6/15	6/18 - 6/22	6/25 - 6/29	7/2 -7/6	
Attending Days								
Tuition								
Date	7/9 – 7/13	7/16 – 7/20		7/23 – 7/27	7/30 - 8/3	8/6 - 8/10		
Attending Days								
Tuition								
QD Acade	emy will be clos	sed on Wedne	esday, July	4th (for Ind	ependence Day).			
Curriculum: pl	ease circle al	l classes you	ı sign on					
Chinese 暨南中文 Free (\$12 book)		PinYin 1 2 3 4 5 6 7			8 9 中级阅读(\$25 material fee)			
PACE/GT Prep Free (\$2		0 material fee) Gra		nde (as of coming Fall): K		1 2 3	4 5 6	
- Do you need pi	ick up from F	PISD summe	er progra	m? YE	S	NO		
- If yes, please specify the location						and time		
	Robinson	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 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									
				a hard/soft	copy of my child's/children's				
photographs at no charge of n				andamy fial	d trip ayants and to travel to				
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	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				
prescribed for long-term use, and medi		ruons, unergres (urug,	rood, etc.), noopmanzad	ion in the pass	, 12 monus, modernous				
Authorization for Emergency	Medical Care								
I give permission for my child									
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 agree	d to the above statements	and attached QD A	cademy 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