



WEEKEND SCHOOL REGISTRATION FORM

Student Name: (Chinese) (English)	Date of Birth:	Sex: M	New Student: Yes No	Mother's Name & Work Phone.
		F		Father's Name & Work Phone.
Home Address: City: Zip:	Home Phone	Cell. Phone		Email Address:
Emergency Contact (if parents cannot be reached):	Relationship	Emergency Contact's Telephone No.		

Fall Curriculums: please complete the registration form and make check payable to: **QD Academy**
 Bring in this form or mail to: **4100 Legacy Dr, Suite 404, Plano TX 75024**

Class # / 课号	Class Name / 课名	Tuition / 学费

Waiver of Liability

A waiver of liability is required for QD Academy weekend school scholastic enrolments, which may present a potential risk of physical injury to any student. While QD Academy has been taking great precautions and measurements to minimize potential hazards, it is each student's responsibility to take necessary safety measures and use sound judgment to protect himself/herself from injury. QD Academy assumes no responsibility for accidents, which may occur on school premise.

I have read, understand, and agree the above statement and QD Academy weekend school policies.

Student Name (Print) _____

Signature of parent/guardian _____ **Date** _____

Office Use Only		
Tuition Subtotal		日期 / Date Received:
<input type="checkbox"/> Registration Fee	\$20	支票号码/ Check #:
<input type="checkbox"/> Sibling Discount (M/C only)	(\$5.00)	经手人/ Officer:
<input type="checkbox"/> Transfer Fee (after 4 th class)	\$10	合计 / Total Paid:
<input type="checkbox"/> Withdraw Fee	\$10	Comment:
<input type="checkbox"/> Return Check	\$25	
Total Due		