

Q-Zone Learning Place

Summer School Program Registration Form

Surah & Seerah Summer Program

Program Dates: June 1 – June 30, 2026

Extended Care Available

Website: <https://qzone-learning.com/>

STUDENT INFORMATION

| Field | Information |
|-----------------------|----------------|
| Child's Full Name | _____ |
| Date of Birth | _____ |
| Age | _____ |
| Grade (if applicable) | _____ |
| Parent/Guardian Name | _____ |
| Phone Number | _____ |
| Email Address | _____ |
| Home Address | _____ _____ |

PROGRAM SELECTION

- Preschool Program (Ages 3–5)
 - Elementary Program (Ages 6–10)
 - Extended Care Needed
-

EMERGENCY CONTACT

| Field | Information |
|------------------------|-------------|
| Emergency Contact Name | _____ |

Relationship to Child _____

Phone Number _____

MEDICAL & ALLERGY INFORMATION

Please list any allergies, medical conditions, medications, or special instructions.

AUTHORIZED PICK-UP PERSONS

1.

2.

3.

PARENT CONSENT

I give permission for my child to participate in the Q-Zone Learning Place Summer School Program.

Parent/Guardian Signature: _____

Date: _____

Contact Information

Q-Zone Learning Place

Phone: 925-895-6447

Website: qzone-learning.com