



HIDENWOOD PRESBYTERIAN SCHOOL

414 Hiden Boulevard, Newport News, VA 23606

Telephone: 757-595-8351

Fax: 757-596-4932

Website: www.hiddenwoodpreschool.org

2s REGISTRATION FORM 2024-2025

(Please Print)

Child's full name _____ Sex _____

Name child is called _____ Date of birth ____/____/____

Parent name _____ Cell # (____) _____ Work # (____) _____

Parent name _____ Cell # (____) _____ Work # (____) _____

Street Address _____ Home # (____) _____

City, State, Zip _____

E-mail Address(es) _____

***Prioritize the classes listed below (1 or 2) *** Select ONLY those choices which fit your needs or schedule. ***

Class Options	Days	Deposit due at Registration	Monthly Tuition
	2 day - TTH	\$ 185.00	\$ 185.00
	3 day - MWF	\$240.00	\$240.00

The director of the school will decide, based on space and requests, which classes will be formed.

Please initial each policy below to indicate that you have read them:

- _____ Parents MUST present an original birth certificate with this form. Information is verified from the birth certificate; birth certificates are not copied or kept.
- _____ The Commonwealth of Virginia School Entrance Health Form MUST be completed annually and turned in BEFORE your child enters school in September.
- _____ I understand if WRITTEN notice of withdrawal is received by April 30th, the deposit will be refunded minus a \$50 administrative processing fee. If WRITTEN notice of withdrawal is received by May 31st, half of the deposit will be refunded. No refunds are given after June 1st. If withdrawal is necessary during the school year, thirty days WRITTEN notice is requested. Payment is by cash or check.

I have read the Policies of the school and agree to the provisions stated therein.

Parent Signature _____ Date _____

Office Use Only

Birth Certificate Information

Place of Birth	Date of Birth	Birth Certificate #	Date Issued	Initialed By
_____	_____	_____	_____	_____