



# HIDENWOOD PRESBYTERIAN SCHOOL

414 Hiden Boulevard, Newport News, VA 23606  
 Telephone: 757-595-8351 Fax: 757-596-4932  
 Website: [www.hiddenwoodpreschool.org](http://www.hiddenwoodpreschool.org)

## 4s 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 \*\*\* Select ONLY those choices which fit your needs or schedule. \*\*\*

Class Options	Days	Deposit due at Registration	Monthly Tuition
	3 day - MWF	\$225.00	\$225.00
	5 day - M-F	\$345.00	\$345.00

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:

- \_\_\_\_\_ If you wish to request a certain teacher or have any other requests or concerns, please contact the school office for a confidential request form. Requests are honored whenever possible.
- \_\_\_\_\_ Parents MUST present an original birth certificate with this form, if this is the child's first year of attendance. 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 and turned in BEFORE your child enters school in September.
- \_\_\_\_\_ I understand that 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 31<sup>st</sup>, half of the deposit will be refunded. No refunds are given after June 1<sup>st</sup>. If withdrawal is necessary during the school year, thirty days WRITTEN notice is requested. Payment is by cash or check.
- \_\_\_\_\_ I understand that my child must be potty-trained before starting school. Please refer to the school Potty-Training Policy

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

We offer before school care and after school care for 3 and 4-year olds on the days your child is in school. Would you like to receive registration materials for Extended Day? Yes \_\_\_\_\_

### For Office Use Only

Birth Certificate Information

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birth Certificate # \_\_\_\_\_ Date Issued \_\_\_\_\_ Initialed By \_\_\_\_\_