



HIDENWOOD PRESBYTERIAN SCHOOL,
 414 Hiden Boulevard, Newport News, VA 23606
 Telephone: 757-595-8351 • Fax: 757-596-4932
 Website: www.hiddenwoodpreschool.org

FIRST GRADE 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) _____

| Class Options | Days | Deposit due at Registration | Monthly Tuition |
|---------------|-------------|-----------------------------|-----------------|
| First Grade | 5 day - M-F | \$490 | \$490 |

The director 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 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 BEFORE your child enters school in September if we do not already have one on file.
- _____ 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 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 Hiddenwood Presbyterian School and agree to the provisions stated therein.

Parent Signature _____ Date _____

We offer before school care and after school care for First Grade on the days your child is in school.

Would you like to receive registration materials for Extended Day? Yes _____ No _____

For Office Use Only

Birth Certificate Information

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