



**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)

**SECOND 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
Second 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 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 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 Second 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 \_\_\_\_\_