*Hidenwood Presbyterian Church member?*_____ *Start Date* _____ *Office Use*_____

HIDENWOOD PRESBYTERIAN SCHOOL

414 Hiden Boulevard, Newport News, VA 23606
Telephone: 757-595-8351 Fax: 757-596-4932
Website: www.hidenwoodpreschool.org

3s REGISTRATION FORM 2026-2027

(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) (1)_____ (2)_____

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

Class Options	Days	Deposit due at Registration	Monthly Tuition
	2 day – TTH	$ 180.00	$ 180.00
	3 day – MWF	$245.00	$245.00
	5 day – M-F	$375.00	$375.00

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:

- _____I understand that my child must be potty-trained before starting school. Please refer to school Potty-Training Policy.
- _____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_____

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_____ No_____

For Office Use Only

Birth Certificate Information

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

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PERSONALITY FORM

Child's full name_____Sex _____

Name child is called_____Date of birth_____/_____/_____

*Parent 1_____

Date of birth_____

Education/Degree_____

Occupation_____

*Employer_____

*Phone Number _____

*Employer Address _____

Parent 2 _____

Date of birth_____

Education/Degree_____

Occupation_____

Employer_____

Phone Number _____

Employer Address _____

*Required

Why did you choose Hidenwood Presbyterian School? _____

_____

Does child live with both parents?_____If not, please explain_____

_____

Siblings (name, age, sex) _____

Describe child's experience with child care providers_____

_____

Previous child daycare and/or school experience upon enrollment _____

_____

Church affiliation of family _____

Usual bedtime_____Naps_____

Explain any allergies or other medical conditions _____

_____

Do you have any concerns about your child's development, behavior, etc.?

If so, explain _____

_____

Special interests (books, stories, play activities, TV, etc.) _____

_____

Types of discipline most frequently used _____

Stage of toilet training (for 2s and 3s) _____

Is child active & outgoing or quiet & passive? _____

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PERMISSION FORM

Full Name of Child (Please Print)_____Date of birth____/____/_____

Child's Physician_____Physician's Phone _____

Health Insurance Company _____

Policy No._____Group No. _____

TO PARTICIPATE IN SCHOOL ACTIVITIES

I hereby grant permission for my child to use all of the play equipment and participate in all the activities of the school.

_____

(Parent/Guardian Signature) (Date)

PERMISSION TO USE VIDEO

I hereby grant permission for video of my child and his/her teachers to be used for onsite staff training at Hidenwood Presbyterian School. No names will be used unless further permission is obtained.

_____

(Parent/Guardian Signature) (Date)

PERMISSION TO PROMOTE

I hereby grant permission for my child's artwork or image to be used in the preschool and church facility or in print or electronic media to promote or publicize Hidenwood Presbyterian School or Hidenwood Presbyterian Church. No names will be used unless further permission is obtained.

_____

(Parent/Guardian Signature) (Date)

PERMISSION TO USE CHILD'S NAME IN MEMORY BOOK

I hereby grant permission for my child's name and image to be included in Hidenwood Presbyterian School's Memory Book.

_____

(Parent/Guardian Signature) (Date)

PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE

I hereby grant permission for the Director, or someone authorized by the Director, to take steps to obtain emergency medical care for my child. The steps may include, but are not limited to:

- Attempt to contact the persons listed on the Emergency form
- Call paramedics (911)
- Any expenses incurred will be borne by the child's family

_____

(Parent/Guardian Signature) (Date)

PERMISSION TO SHARE EMAIL ADDRESS WITH CLASSROOM PARENTS

I hereby grant permission for my email to be shared with other classroom parents to be used for social events which occur outside of school.

_____

(Parent/Guardian Signature) (Date)

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EMERGENCY & IDENTIFICATION FORM

Full Name of Child_____

Name child is called_____

Parent/Guardian	Home Phone	Cell Phone	Work Phone
Parent/Guardian	Home Phone	Cell Phone	Work Phone

Other persons you authorize to be responsible for your child if we are not able to contact you in case of emergency. You must provide at least 2 names; one may be out of town.

Name	Relationship to child	Work Phone	Cell Phone
Home Phone	Home Address		
Name	Relationship to child	Work Phone	Cell Phone
Home Phone	Home Address		
Name	Relationship to child	Work Phone	Cell Phone
Home Phone	Home Address		

Please list below the names of other individuals who have permission to pick up your child from school.

_____

_____

If someone other than the persons named above will be picking up your child from school, please send a note to the teacher or notify the school office. We cannot accept verbal notification from students.

Please list medical, physical or emotional needs that the staff should be aware of such as allergies, regular medications, deployment and serious illness of child or family member, etc. Please inform us of any family situation regarding custody or visitation.

_____

_____

I understand the school will notify the parent when a child becomes ill, and the parent will arrange to pick up the child as soon as possible. Furthermore, I will notify the school within 24 hours if any member of the child's household has any contagious illness.

_____ _____

Parent/Guardian Signature Date

Please complete the permission and emergency medical care information on the reverse of this form.