



**HIDDENWOOD PRESBYTERIAN PRESCHOOL,
KINDERGARTEN & FIRST GRADE**
414 Hiden Boulevard, Newport News, VA 23606
Telephone: 757-595-8351 • Fax: 757-596-4932
Website: www.hiddenwoodpreschool.org

SECOND GRADE REGISTRATION FORM 2023-2024

(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 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 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 _____



HIDENWOOD PRESBYTERIAN PRESCHOOL FIRST GRADE

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Email: hpp@hidenwood.org

SECOND GRADE PERSONALITY FORM

Child's full name _____ Sex _____

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

*Parent 1 _____

Parent 2 _____

Date of birth _____

Date of birth _____

Education/Degree _____

Education/Degree _____

Occupation _____

Occupation _____

*Employer _____

Employer _____

*Phone Number _____

Phone Number _____

*Employer Address _____

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 First Grade (academics & social/emotional) _____

Group experiences (school, daycare, church, lessons, sports, etc., - past & present) _____

Church affiliation of family _____

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.) _____



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EMERGENCY & IDENTIFICATION FORM

Full Name of Child _____

Name child is called _____

Parent	Home Phone	Cell Phone	Work Phone
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Parent	Home Phone	Cell Phone	Work Phone
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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
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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 preschool, 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 Preschool 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 Preschool 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.



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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 Preschool. 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 Preschool 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 Preschool'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)