

Kindergarten Pre-registration Information

Name of child _____ sex: M F

Address _____

Telephone _____

Name of
parents _____

Email _____

Child's date of birth _____

Child's place of birth _____

Primary language spoken at home _____

Has your child attended preschool or a child care/daycare
program?

Yes No

If yes, name of early childhood program _____

Please return to: Kindergarten Office
Kiley School/Administration Bldg.
21 Johnson St.
Peabody, MA 01960