

North Reading Public Schools
 Integrated Pre-Kindergarten Program
 2026-2027

APPLICATION

Child's Last Name	Child's First Name	Child's Middle Name

Address:	Date of Birth

Parent/Guardian's Name	Home Phone	Work Phone
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Parent/Guardian Email Address

Session Preference (Check one):
<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full-Day

How did you hear about the North Reading Public School Pre-K Program? (Check one):

<input type="checkbox"/> Older Sibling in Program	<input type="checkbox"/> Newspaper	<input type="checkbox"/> District Website
<input type="checkbox"/> Neighbor/Friend	<input type="checkbox"/> Other: _____	

 Office Use Only

Deposit: \$ _____ Check No. _____ Date Received: _____

1st Quarter: \$ _____ Check No. _____ Date Received: _____

2nd Quarter \$ _____ Check No. _____ Date Received: _____

3rd Quarter \$ _____ Check No. _____ Date Received: _____

4th Quarter \$ _____ Check No. _____ Date Received: _____