

**PIONEER CHILD CARE**  
**Lampeter-Strasburg School District**  
**2023-24 SCHOOL YEAR**  
**PRE-REGISTRATION**

I wish to **pre-register** my child \_\_\_\_\_.

Please use a separate form for each child in the **CHILD CARE** program.

Child's date of birth \_\_\_\_\_ Home # \_\_\_\_\_

Grade level 2023-24 \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work # \_\_\_\_\_

\*Child must be enrolled for a minimum of two days per week (4hrs.)

My child will need care on the following days and times:

**DAYS: Please circle\***

**Every Day**

**Or only:**

Monday    Tuesday    Wednesday    Thursday    Friday

**TIMES: Please fill in times that apply.**

My child will need **Before School Care** (Hours 6:15-8:45AM) \_\_\_\_\_

Time of drop off- \_\_\_\_\_ to 8:45 AM

**And/or**

My child will need **After School Care** (Hours 3:15-6:00 PM) \_\_\_\_\_

3:15 PM to \_\_\_\_\_ - time of pick up

**Mail or deliver enclosed forms to:**

SACC  
Lampeter Elementary School  
P. O. Box 428  
Lampeter, PA 17537-0428

**Upon receipt of these forms, you will be placed on our waiting list.**  
**If an opening becomes available,** we will contact you to arrange an appointment where questions can be answered, and agreements signed.