

PIONEER CHILDCARE
Lampeter-Strasburg School District
2024-25 SCHOOL YEAR
PRE-REGISTRATION

I wish to **pre-register** my child _____.

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

Child's date of birth _____ Home # _____

Grade level 2024-25 _____

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 the times that apply.

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

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.