

PIONEER CHILDCARE
Lampeter-Strasburg School District
2024-25 SCHOOL YEAR
KINDERGARTEN 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 # _____

SACC HOURS: OPEN 6:15 AM – 6:00 PM

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

If my child is assigned to **Morning Kindergarten (8:55-11:35 AM)**

I will need care on the following days: (*Circle) M T W Th F

I will need to drop off at _____ - 8:55 AM (to AM

KDG.)

I will need to pick up after 11:35 AM - _____

If my child is assigned to **Afternoon Kindergarten (12:35-3:15 PM)**

I will need care on the following days: (*Circle) M T W Th F

I will need to drop off at _____ - 12:35 pm (to PM KDG.)

I will need to pick up after 3:15 PM - _____

Mail or deliver enclosed forms form 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.