

PIONEER CHILD CARE
Lampeter-Strasburg School District
2026-27 SCHOOL YEAR
KINDERGARTEN 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 2026-27 _____

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 (8:35-11:25 AM)**

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

I will need to drop off at _____ - 8:35 AM (to AM KDG.)

I will need to pick up after 11:25 AM - _____

If my child is assigned to **Afternoon Kindergarten (12:35-3:05 PM)**

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

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

I will need to pick up after 3:05 PM - _____

Mail, deliver or email enclosed forms to:

SACC, Early Childhood Center, P. O. Box 428, Lampeter, PA 17537

SACC@l-spioneers.org

If your child receives special services or has an Individualized Education Program (IEP) for services that may need accommodation and support at our program, please provide a copy.

Please provide a physical with a doctor's signature and immunization form with registration.