

**PIONEER CHILDCARE  
Lampeter-Strasburg School  
District 2026-27 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 2026-27 \_\_\_\_\_

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, deliver or email enclosed forms to:**

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

[SACC@l-spioneers.org](mailto: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.