

**PIONEER CHILD CARE**  
**Lampeter-Strasburg School District**  
**2020-21 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 2020-21 \_\_\_\_\_

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.**