

Williamson Central School

Marauder Care Registration Form

Please complete the following registration form for the 2024-25 school year.

Parent/Guardian #1 Information:

First Name: _____ Last Name: _____

Relationship: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____

Parent/Guardian #2 Information:

First Name: _____ Last Name: _____

Relationship: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____

Registered Child(ren)

Child's Name: _____ Entering Grade 2024-25: _____

Full Time Care: 5 days a week, \$8.00 per day per child.

Part Time Care: 1-4 Days a week, \$10 per day per child

Child's Name: _____ Entering Grade 2024-25: _____

Full Time Care: 5 days a week, \$8.00 per day per child.

Part Time Care: 1-4 Days a week, \$10 per day per child

Child's Name: _____ Entering Grade 2024-25: _____

Full Time Care: 5 days a week, \$8.00 per day per child.

Part Time Care: 1-4 Days a week, \$10 per day per child

Terms and Conditions:

I understand that I will be charged for all scheduled care days during the month even if my child does not attend. I also understand that this program is not available during

conference days, non-school days, holidays, snow days, vacation days, etc. I understand in the event that I must cancel my registration, I must do so in writing with a 2-week notice. I also agree that my child(ren) may be removed from the program for no payment. All information I will provide in this registration form is true and correct; and I am a parent of the child(ren) and a person with parental responsibility in relation to the child(ren) referred to in the registration form; and I agree my child(ren) and I will comply with the services policies and procedures; and I have read, fully understand, and agree to comply with the above Terms and Conditions.

Signature: _____

Date: _____