

# Williamson Central School

## Marauder Care Registration Form

Please complete the following registration form for the 2026-2027 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: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Entering Grade: \_\_\_\_\_

- Full Time Care: 5 days a week
- Part Time Care: 1-4 Days a week

Child's Name: \_\_\_\_\_

Entering Grade: \_\_\_\_\_

- Full Time Care: 5 days a week
- Part Time Care: 1-4 Days a week

Child's Name: \_\_\_\_\_

Entering Grade: \_\_\_\_\_

- Full Time Care: 5 days a week
- Part Time Care: 1-4 Days a week

### Terms and Conditions

By enrolling my child(ren) in Marauder Care, I acknowledge and agree to the following:

- I am responsible for payment for all scheduled days of care, regardless of my child's attendance.
- I understand that Marauder Care is not available on Superintendent's Conference Days, school holidays, non-school days, snow days, vacation periods, emergency closing days, half days, or any day when after-school activities are canceled.
- I understand that no refunds, credits, or make-up days will be provided for absences as outlined in the Marauder Care Handbook.
- If I choose to withdraw my child(ren) from the program, I will provide written notice to the Marauder Care Director at least two weeks prior to my child's last day of attendance.
- I understand that failure to make timely payments may result in my child(ren)'s suspension or removal from the program.
- I understand that my child is expected to follow the Williamson Central School District Code of Conduct and all Marauder Care rules, expectations, and behavioral guidelines while participating in the program.
- I acknowledge that repeated behavioral concerns, behaviors that disrupt the program, or actions that threaten the safety or well-being of students or staff may result in disciplinary action, including suspension or dismissal from Marauder Care, in accordance with the program's behavior policies and the district's Code of Conduct.
- I certify that all information provided in the registration materials is accurate and complete.
- I agree to comply with all Marauder Care policies, procedures, and expectations outlined in the program handbook.
- I acknowledge that I have read, understand, and agree to abide by these Terms and Conditions.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_