



KNIGHT'S WATCH

EXTENDED DAY PROGRAM APPLICATION

2026-2027 School Year

Please complete one application per family. Use an additional page if enrolling more than four children.

PARENT / GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____	Parent/Guardian 2 Name: _____
Primary Phone: _____	Secondary Phone: _____
Email Address: _____	Alternate Email: _____
Home Address: _____	City / State / ZIP: _____

STUDENT INFORMATION

Student Full Name	Grade	DOB	Teacher / Homeroom	Allergies or Medical Alerts

ENROLLMENT SELECTION AND FEES

SELECT	PROGRAM OPTION	RATE
☐	Full Week Care - Monday through Friday	\$220 per month
☐	Friday Only Care	\$80 per month
☐	Emergency Drop-In Eligibility	\$25 per day

Registration Fee: A non-refundable \$65 annual registration fee is required for each student enrolled in Knight's Watch. Emergency Drop-In Care is available only to students enrolled in the program with the registration fee paid, and only when staffing permits.

PAYMENT NOTES: Monthly tuition is based on enrollment rather than attendance. A \$15 late fee applies after payment is three days late. All checks must be payable to Cornerstone Preparatory Academy. Drop-In fees are due at pickup unless otherwise approved.

KNIGHT'S WATCH - FAMILY INFORMATION & AUTHORIZATIONS

EMERGENCY CONTACTS

Name and Relationship	Primary Phone	Alternate Phone

AUTHORIZED PICK-UP PERSONS

List all individuals, other than the parent/guardians above, who are authorized to pick up your child(ren). A government-issued photo ID may be required.

Full Name	Relationship to Student	Phone Number

HEALTH, MEDICAL, AND SPECIAL CONSIDERATIONS

Physician Name and Phone: _____

Allergies, medications, medical conditions, dietary restrictions, or activity limitations:

Behavioral, learning, sensory, or other information that will help staff support your child(ren):

Preferred hospital or emergency facility: _____

PERMISSIONS AND ACKNOWLEDGMENTS

- ☐ I authorize Cornerstone Preparatory Academy staff to obtain emergency medical assistance for my child(ren) when I cannot be reached and immediate care is considered necessary.
- ☐ I understand that students must be signed out by an authorized adult and will not be released directly from playground or activity areas.
- ☐ I understand that Knight's Watch ends promptly at 5:30 p.m. and a late pick-up fee of \$2.00 per minute, per child, begins at 5:31 p.m.
- ☐ I understand that tuition and registration fees are non-refundable and that tuition is based on enrollment rather than attendance.
- ☐ I have received or reviewed the Knight's Watch Parent Handbook and agree to follow all program policies, payment requirements, and student conduct expectations.

PARENT / GUARDIAN CERTIFICATION

I certify that the information provided on this application is complete and accurate. I understand that enrollment is not final until the application, registration fee, and any required documentation have been received and approved by Cornerstone Preparatory Academy.

Parent/Guardian Signature: _____

Date: _____

Printed Name: _____

Office Use: _____