



Cornell Child Care Center

REUNION 2026 REGISTRATION FORM

Thank you for your interest in the Cornell Child Care Center for Cornell Reunion 2026. Registration ends 5/29/2026.

Cost- \$60 per child (non-refundable and due at time of registration)

Time: June 6, 2026 from 4pm-9pm

Child Information:

Legal Name: _____ Gender: (M)/ (F) Date of Birth: __/__/__

Legal Name: _____ Gender: (M)/ (F) Date of Birth: __/__/__

Parent/Guardian Information:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Email Address: _____

Email Address: _____

NETID: _____

NETID: _____

Cell Phone: _____

Cell Phone: _____

Graduation Year: _____

Graduation Year: _____

Medical Information:

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____ Race: _____

Identified Allergies: _____

Identifying Marks: _____

Health Insurance Provider: _____

Name of Physician/Clinic: _____ Phone: _____

Physician Address: _____

Street City/

Town

Zip Code

Any additional Information we should know:

****New York does require a physical to be on file.
Please fax your child's last medical record to 607-255-0814****

(Parent/Guardian's Signature)

(Date)