Cornell Child Care Center

REUNION 2024 REGISTRATION FORM

Thank you for your interest in the Cornell Child Care Center for Cornell Reunion 2024. Registration ends 5/24/24.

Cost- $50 per child   Time: June 8, 2024 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)