



# Cornell Child Care Center

## REUNION 2025 REGISTRATION FORM

Thank you for your interest in the Cornell Child Care Center for Cornell Reunion 2025. Registration ends 5/30/2025.

Cost- \$60 per child

Time: June 7, 2025 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)