



Early Childhood Center



Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

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BMCC EARLY CHILDHOOD CENTER
SUMMER/FALL 2024 APPLICATION
SCHOOL AGE (6-12 YEARS OLD)

This application is step #1 toward enrolling your child(ren) in the BMCC Early Childhood Center at Borough of Manhattan Community College. After you complete and email the form to ygutierrez@bmcc.cuny.edu and cscottcroff@bmcc.cuny.edu with a copy of your class schedule, you will receive a pdf of the new student packet (step #2) with the BMCC Early Childhood Center forms. Please note: The full process must be completed before your child can be accepted in our program.

Information on this side refers to the PARENT (BMCC Student). Please Print Clearly.

CUNYfirst ID #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Name \_\_\_\_\_ SS#: xxxx / xx / \_\_\_\_\_
(Last) (First) (Middle Initial) (Last Four Digits)

Parent's Address \_\_\_\_\_
(Street Number) (Apt. # )
(City) (State) (Zip Code) (Telephone)

Major \_\_\_\_\_ Special Program (ex. ASAP): \_\_\_\_\_

Circle the semester(s) you are applying for: SUMMER I SUMMER II IMMERSION FALL
Circle the session(s) you are applying for: DAY EVENING (No Summer/ Fall Only Ages 3 to 5.9)
SATURDAY (Fall Only) SUNDAY (Fall Only) : DAY or EVENING

PLEASE ATTACH A COMPLETE COPY OF YOUR CLASS SCHEDULE WITH YOUR NAME.

HAVE YOU BEEN AWARDED FEDERAL WORK STUDY ? YES NO

If yes, please list the name of the department and hours you anticipate working.

EMERGENCY CONTACT (if parents cannot be reached)
(Print Name ) (Telephone #) (Relationship to the child)

Remember: Daytime parents must bring their children before 10:00am on days they are scheduled to be at the Center unless you have special approval from the executive director.

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

I have read and completed this application fully and carefully.

(Signature)

(Date)

REMEMBER TO FILL OUT BOTH PAGES OF THIS APPLICATION

SCHOOL AGE

# SUMMER/FALL SCHOOL-AGE 2024

Information on this side refers to CHILD for whom the services will be provided. Please print:

**Child's Name** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Last) (First) (M.I.) (Date of Birth)

**Child's Age** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Other Gender** \_\_\_\_\_

**Child's Address** \_\_\_\_\_  
(Street Number) (Apt. # )  
 \_\_\_\_\_  
(City) (State) (Zip Code) (Telephone)

Parental Info.	Mother/Father/Guardian/Other	Mother/Father/Guardian/Other
<b>Name</b>		
<b>Occupation</b>		
<b>Work Address</b>		
<b>Daytime Phone #</b>		
<b>Email Address</b>		

**Marital Status:**(check one) \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced

**Other Members of the household**

Full Name	Birth Date	Age	Relationship to Child

**Are there any other important adults in your child's life?**

\_\_\_\_\_

Previous Experience Outside Home	Where?	How Frequently?
<b>Public/Private School</b>		
<b>Family Day Care</b>		
<b>Extra Curricular</b>		
<b>Other</b>		

Reaction to experience away from home: \_\_\_\_\_  
 \_\_\_\_\_

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