

**BMCC EARLY CHILDHOOD CENTER  
SUMMER/FALL 2025 APPLICATION  
PRESCHOOL (2 to 5 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 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 page 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)**  
**DAY/EVENING: SATURDAY (Fall Only) SUNDAY (Fall Only)**

Have you been awarded Federal Work Study? **YES NO** If yes, please list the name of the department and hours you anticipate working. \_\_\_\_\_

**PLEASE SUBMIT A COPY OF YOUR SUMMER/FALL SCHEDULE with APPLICATION**

**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:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

I have read and completed this application fully and carefully.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**REMEMBER TO FILL OUT BOTH PAGES OF THIS APPLICATION**

**PRESCHOOL**



**Early Childhood Center**

## SUMMER/FALL PRE-SCHOOL 2025

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

199 Chambers Street  
New York, NY 10007-1097  
tel. 212-220-8250  
fax 212-748-7462

Information on this page refers to pre-school **CHILD** for whom the services will be provided. **Please print:**

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

**Child's Age** \_\_\_\_ (must be at least 2 years old) **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
NAME		
OCCUPATION		
WORK ADDRESS		
DAYTIME PHONE #		
EMAIL ADDRESS		

**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?
Public/Private School		
Family Day Care		
Extra Curricular		
Other		

Reaction to experience away from home:

\_\_\_\_\_  
\_\_\_\_\_

**REMEMBER TO FILL OUT BOTH PAGES OF THIS APPLICATION**