



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

BMCC EARLY CHILDHOOD CENTER SPRING 2026 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 it, include a clear copy of your class schedule and email the form to both: YGutierrez@BMCC.CUNY.EDU & CScottCroff@BMCC.CUNY.EDU,, 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.

CUNYfirst ID #:	Informa	ation on this page i	refers to th	ne PARENT (B	MCC Sti	dent). Please Print Clearly.
Clast (First) (Middle Initial) (Last Four Digits)	CUNYfirst II	D #:		Email:		
City (Street Number) (Apt. #) (City) (State) (Zip Code) (Telephone)	Parent's Name _					SS#: xxxx / xx /
(Street Number) (Apt. #) (City) (State) (Zip Code) (Telephone) Major Special Program (ex. ASAP): Circle the semester(s) you are applying for: IMMERSION SPRING Circle the session(s) you are applying for: DAY (Mon – Sun 7:45am – 5:00pm) EVENING (M – Th 5:00-9:0 DAY/EVENING: SATURDAY (Fall Only) SUNDAY (Fall			(First)	(Middle Initial)		(Last Four Digits)
(City) (State) (Zip Code) (Telephone) Major Special Program (ex. ASAP): Circle the semester(s) you are applying for: IMMERSION SPRING Circle the session(s) you are applying for: DAY (Mon - Sun 7:45am - 5:00pm) EVENING (M - Th 5:00-9:0 DAY/EVENING: SATURDAY (Fall Only) SUNDAY (Fall Only) S	Parent's Address	S	(C) AN	1) (4	- II \	
(City) (State) (Zip Code) (Telephone) Major Special Program (ex. ASAP):			(Street Nu	mber) (Ap	,	\ \
Major Special Program (ex. ASAP):	(City)	(State)	(7 ir	2 Code)	(
Circle the semester(s) you are applying for: IMMERSION SPRING Circle the session(s) you are applying for: DAY (Mon – Sun 7:45am – 5:00pm) EVENING (M – Th 5:00-9:0 DAY/EVENING: SATURDAY (Fall Only) SUNDAY (Fall Only) SUNDA		` ,	` •	•	(AGA	
DAY/EVENING: SATURDAY (Fall Only) SUNDAY (Fall only) SUNDAY (Fall only) Bunday (Fall only) Sunday (Fall only						
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 Counless you have special approval from the executive director. CHILD'S NAME: AGE:	Have you been av	_, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DAY	Y/EVENING: S	SATURE	AY (Fall Only) SUNDAY (Fa
(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 Counless you have special approval from the executive director. CHILD'S NAME: AGE:	•	warded Federal Wo	DAY rk Study?	Y/EVENING: S YES NO If	SATURE yes, pleas	AY (Fall Only) SUNDAY (Fall the name of the department a
Remember: Daytime parents must bring their children before 10:00am on days they are scheduled to be at the Counless you have special approval from the executive director. CHILD'S NAME: AGE:	you anticipate wor	warded Federal Wo	DAY rk Study?	Y/EVENING: S YES NO If	SATURE Yes, pleas	AY (Fall Only) SUNDAY (Fall the name of the department a
Remember: Daytime parents must bring their children before 10:00am on days they are scheduled to be at the Counless you have special approval from the executive director. CHILD'S NAME: AGE:	you anticipate wor	warded Federal Working. JBMIT A COPY	DAY rk Study? OF YOU	Y/EVENING: S YES NO If R SUMMER/F	SATURE Yes, pleas	AY (Fall Only) SUNDAY (Fall the name of the department a
CHILD'S NAME: AGE:	you anticipate wor PLEASE SU EMERGENCY C	warded Federal Working. JBMIT A COPY CONTACT (if paren	DAY rk Study? OF YOU	Y/EVENING: S YES NO If R SUMMER/F e reached)	SATURE Yes, pleas	AY (Fall Only) SUNDAY (Fall Only
	you anticipate wor PLEASE SU EMERGENCY C (Print Na.	warded Federal Working. JBMIT A COPY CONTACT (if parente)	DAY rk Study? OF YOU ats cannot be	Y/EVENING: S YES NO If R SUMMER/F e reached)) (Telephone #)	SATURE Fyes, pleas	AY (Fall Only) SUNDAY (Fall Only
	you anticipate wor PLEASE SU EMERGENCY C (Print Nan Remember: Dayti	warded Federal Working. JBMIT A COPY CONTACT (if parente) ime parents must bri	DAY rk Study? OF YOU ats cannot be(Y/EVENING: S YES NO If R SUMMER/F e reached)) (Telephone #) ildren before 10:0	SATURE Fyes, pleas	AY (Fall Only) SUNDAY (Fall Only
I have read and completed this application fully and carefully.	you anticipate wor PLEASE SU EMERGENCY C (Print Nan Remember: Dayti	warded Federal Working. JBMIT A COPY CONTACT (if parente) ime parents must bri	DAY rk Study? OF YOU ats cannot be(Y/EVENING: S YES NO If R SUMMER/F e reached)) (Telephone #) ildren before 10:0	SATURE Fyes, pleas	AY (Fall Only) SUNDAY (Fall Only
I have read and completed this application fully and carefully.	you anticipate wor PLEASE SU EMERGENCY C (Print Nan Remember: Dayti unless you have sp	warded Federal Working. JBMIT A COPY CONTACT (if parente) ime parents must briecial approval from	DAY rk Study? OF YOU ats cannot be	Y/EVENING: S YES NO If R SUMMER/F e reached)) (Telephone #) ildren before 10:0 ve director.	SATURE Yes, pleas FALL SC Oam on da	AY (Fall Only) SUNDAY (Fall Only) SUNDAY (Fall Only) SUNDAY (Fall Only) SUNDAY (Fall Only) (Fall O
	you anticipate wor PLEASE SU EMERGENCY C (Print Nar Remember: Dayti unless you have sp	warded Federal Working. JBMIT A COPY CONTACT (if parente) ime parents must broccial approval from E:	DAY rk Study? OF YOU ats cannot be	Y/EVENING: S YES NO If R SUMMER/F e reached)) (Telephone #) ildren before 10:0 ve director.	SATURE Yes, pleas FALL SC Oam on da	AY (Fall Only) SUNDAY (Fall Only) SUNDAY (Fall Only) SUNDAY (Fall Only) SUNDAY (Fall Only) (Fall O

BMCC

SPRING PRESCHOOL 2026

Early Childhood Center

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. #) (Zip Code) (City) (State) 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 Relationship to Child** Age Are there any other important adults in your child's life? Previous Experience Where? **How Frequently? Outside Home Public/Private School Family Day Care** Extra Curricular Other Reaction to experience away from home: