



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

**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.

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: **IMMERSION** **SPRING**
Circle the session(s) you are applying for: **DAY** (Mon – Sun 7:45am – 5:00pm) **EVENING** (M – Th 5:00-9:00pm)
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

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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:

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