



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  
SUMMER/FALL 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 and email the form to [ygutierrez@bmcc.cuny.edu](mailto:ygutierrez@bmcc.cuny.edu) and [cscottcroff@bmcc.cuny.edu](mailto:cscottcroff@bmcc.cuny.edu) with a complete copy of your BMCC 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)**  
**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) TYPED SIGNATURE NOT VALID

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

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

**PRESCHOOL**



# SUMMER/FALL PRE-SCHOOL 2026

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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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