



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 2026 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) TYPED SIGNATURES ARE NOT VALID

(Date)

REMEMBER TO FILL OUT BOTH PAGES OF THIS APPLICATION

SCHOOL AGE

SUMMER/FALL SCHOOL-AGE 2026

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
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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