



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
[Access to drop-off care and emergency back-up care available. Inquire via email.]

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
<b>Name</b>		
<b>Occupation</b>		
<b>Work Address</b>		
<b>Daytime Phone #</b>		
<b>Email Address</b>		

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

Reaction to experience away from home: \_\_\_\_\_

\_\_\_\_\_

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