



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 2022 APPLICATION
PRESCHOOL (2 - 5 YEARS OLD)

This application is the first step toward enrolling your child in the Early Childhood Center at Borough of Manhattan Community College. After you complete the packet with the BMCC Early Childhood Center forms, you will need to contact us immediately (by telephone) to schedule an appointment. Please note: There may also be additional forms to fill out. 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 (Last) (First) (Middle Initial) SS#: xxxx / xx / (Last Four Digits)

Parent's Address (Street Number) (Apt. #) (City) (State) (Zip Code) (Telephone)

Major Special Program (ex. ASAP):

Circle the day(s) you are applying for (M - S 8:00am- 5:00pm): MON TUES WED THUR FRI SAT

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.

Child's Name: Child's Age:

I have read and completed this application fully and carefully.

(Signature)

(Date)

REMEMBER TO FILL OUT BOTH SIDES OF THIS APPLICATION

SPRING PRESCHOOL 2022

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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