

BMCC EARLY CHILDHOOD CENTER
SPRING 2022 APPLICATION
SCHOOL AGE (6-12 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 _____ **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 **day(s)** you are applying for (**M – S 8a- 5p**): **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

SCHOOL AGE

SPRING SCHOOL-AGE 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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