

Borough of Manhattan Community College
The City University of New York
199 Chambers Street, N310
New York, NY 10007

Early Childhood Center, Inc.
Telephone Number: (212) 220-8250
Fax Number: (212) 748-7462

**BMCC EARLY CHILDHOOD CENTER
SPRING 2010 APPLICATION
SCHOOL AGE
(6-12 YEARS OLD)**



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This application is the first step toward enrolling your child in the Early Childhood Center at Borough of Manhattan Community College. **If you are called, you will need to contact us immediately (by telephone or in person) to schedule a visit to the Center for you and your child.** Please note that there will 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. DATE: _____

Parent's Name _____ SS#: _____/_____/_____
(Last) (First) (Middle Initial)

Parent's Address _____
(Street Number) (Apt. #)

(City) (State) (Zip Code) (Telephone)

Major _____ Email: _____

Circle the session(s) you are applying for: **DAY**(7:45am- 5pm M-F) **EVENING**(5-9pm M-Th only)
SATURDAY(8am-5pm) **SUNDAY**(8am-5pm)

Please attach a complete front and back copy of your **CLASS SCHEDULE**.
If your child is accepted, you will need to provide a new schedule for each semester.

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.**

I have read and completed this application fully and carefully.

(Signature)

(Date)

REMEMBER TO FILL OUT BOTH SIDES OF THIS APPLICATION

SPRING 2010

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 _____

Child's Address _____
(Street Number) (Apt. #)

(City) (State) (Zip Code) (Telephone)

Parental Info.	Mother	Father
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?
Family Day Care		
Nursery School		
Playground		
Baby-sitter		

Reaction to experience away from home: _____

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