

BCMW Head Start Pre-Registration

909 East Rexford,
PO BOX 729
Centralia, IL 62801
(618) 532-4890

104 North Short Rd
West Frankfort, IL 62896
(618) 932-6655

510 Joplin
Benton, IL 62812
(618) 435-6555



Office Use

1st Appt. _____

At: _____

2nd Appt. _____

At: _____

Today's Date: _____

Child's Name: _____ DOB: _____ Male Female

Parent/Guardian's Name: _____ Single Married Separated Divorced

Address: _____ City/Zip: _____

#1 Phone: _____ Home Cell 2# Phone: _____ Home Cell

Emergency Contact: _____ Phone: _____

Address: _____ City/Zip: _____ Relationship to Child: _____

Contacting Info: Was this form completed? in person or by phone

When can we contact you? Anytime or Specific

Best time to call: _____

Best day & time for an appointment?

M T W TR F

Are you interested in our *Part-Day program*? Yes No

8:00 – noon noon – 4 pm early evening

Home Base program? Yes No

Full Day/Full Year program? Yes No

FD/FY only: when is child care needed? _____

Employer: _____ Spouse Employer: _____

Estimated Work Schedule: _____ Spouse Work Schedule: _____

Are you currently attending School/College? Yes No Is spouse attending School/College? Yes No

What is your source of income? _____

2016 FAMILY INCOME GUIDELINES

Family Size	100% Monthly Income	100% Yearly Income	130% Monthly Income	130% Yearly Income
1	\$ 990	\$ 11,880	\$ 1,287	\$ 15,444
2	1,335	16,020	1,736	20,826
3	1,680	20,160	2,184	26,208
4	2,025	24,300	2,633	31,590
5	2,370	28,440	3,081	36,972
6	2,715	32,580	3,530	42,354
7	3,061	36,730	3,979	47,749
8	3,408	40,890	4,430	53,157

Is this family Income Eligible? _____ Yes _____ No

Parent/Guardian Signature: _____ Staff Signature: _____

Telephone Log



Student's Name: _____

[illegible]