

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 Only

1st Appointment Date/Time: _____

2nd Appointment Date/Time: _____

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

When is the best time to contact you? _____

Best day and time for an appointment? M T W TH F 8:00-Noon Noon-4:00pm Early evening

Who can we contact if you cannot be reached?

Contact Name: _____ Phone: _____

Address: _____ City/Zip: _____

Relationship to Child: _____

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2017 FAMILY INCOME GUIDELINES

<u>Family Size</u>	<u>100% Monthly Income</u>	<u>100% Yearly Income</u>	<u>130% Monthly Income</u>	<u>130% Yearly Income</u>
1	\$ 1,005	\$ 12,060	\$ 1,307	\$ 15,678
2	1,353	16,240	1,759	21,112
3	1,702	20,420	2,212	26,546
4	2,050	24,600	2,665	31,980
5	2,398	28,780	3,118	37,414
6	2,747	32,960	3,571	42,848
7	3,095	37,140	4,024	48,282
8	3,443	41,320	4,476	53,716

Is this family Income Eligible? Yes No

Parent/Guardian Signature: _____ Staff Signature: _____

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Notes: _____
