BCMW Head Start/Early Head Start 2024 Pre-Registration

Main Office:

Franklin County Office:

909 East Rexford 510 Joplin

Centralia, IL 62801 Benton, IL 62812 (618) 532-4890 x144 (618) 435-6555

Of	fice	Use	<u>Only</u>

1st Appointment Date/Time:

2nd Appointment Date/Time:

Today's Date:								
Participant's Nam	e:			DOB:		1	Male 1	Female
Parent/Guardian'	s Name:			Single	Married	Separate	d D	ivorced
Address:				City/Zip	:			
#1 Phone:		_ Home Cell	#2 Phone:				Home	Cell
Email Address: _								
	e to contact you? M			0-Noon		4:00pm	Anyt	time
Who can we conta	ct if you cannot be reac	hed?						
Contact Name:				Phone:				
Address:				City/Zip:	:			
	rticipant:			<i>,</i> , 1				
Family Size	100% Monthly	FAMILY INCO 100%Yearly	130%	Monthly		30%Yearly	<u>y</u>	
2	<u>Income</u> 1,703	<u>Income</u> 20,440		<u>1come</u> 2,214		<u>Income</u> 26,572		
3	2,152	28,820		2,797		33,566		_
$\frac{3}{4}$	2,600	31,200		3,380		40,560		
5	3,048	36,580		3,963		47,554		
6	3,497	41,960		4,546		54,548		
7	3,945	47,340		5,129		61,542		_
8	4,393	52,720		5 <i>,</i> 711		68,536		
**Additional per p	person 448	5,380		583		6,994		
Is this family Inco	me Eligible? □ Yes □	l No						
Parent/Guardian	Signature:		St	aff Signa	ture:			
	Signature:		St	taff Signa	ture:			
	_			taff Signa	ture:		•••••	

Contact Log



Child's Name:					
Date / Time / Initials	Comments/Notes				