

BCMW Head Start/Early Head Start Pre-Registration

909 East Rexford 104 North Short Rd 510 Joplin
 PO BOX 729 West Frankfort, IL 62896 Benton, IL 62812
 Centralia, IL 62801 (618) 932-6655 (618) 435-6555
 (618) 532-4890



<i>Office Use Only</i>
1 st Appointment Date/Time: _____
2 nd 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

Email Address: _____

Best day and time to contact you? 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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2022 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>
2	1,526	18,310	1,984	23,803
3	1,919	23,030	2,495	29,939
4	2,313	27,750	3,006	36,075
5	2,706	32,470	3,518	42,211
6	3,099	37,190	4,029	48,347
7	3,493	41,910	4,540	54,483
8	3,886	46,630	5,052	60,619
**Additional per person	393	4,720	511	6,136

Is this family Income Eligible? Yes No

Parent/Guardian Signature: _____ Staff Signature: _____

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Notes: _____
