BCMW H	ead Start Pre-I	Registration		<u>Office U</u>	lse Only
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		1 st Appointment Date/Time: 2 nd Appointment Date/Time:	
Today's Date:					
Child's Name:			DOB:		Male Female
Parent/Guardian's N	Jame:		Single M	larried Separa	ited Divorced
Address:			City/Zip:		
#1 Phone:	Но	me Cell #2 Phon	e:		Home Cell
When is the best tim	e to contact you?				
Best day and time fo	r 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 Chilc	l:				

2018 FAMILY INCOME GUIDELINES

Family Size	100% Monthly	<u>100%Yearly</u>	<u>130% Monthly</u>	<u>130%Yearly</u>		
	Income	Income	<u>Income</u>	Income		
1	\$ 1,012	\$ 12,140	\$ 1,315	\$ 15,782		
2	1,372	16,460	1,783	21,398		
3	1,732	20,780	2,251	27,014		
4	2,092	25,100	2,719	32,630		
5	2,452	29,420	3,187	38,246		
6	2,812	33,740	3,655	43,862		
7	3,172	38,060	4,123	49,478		
8	3,532	42,380	4,591	55,094		
**Additional per	person 360	4,320	468	5,616		
Is this family Income Eligible? \Box Yes \Box No						
Parent/Guardian Signature:			Staff Signature:			
Notes:						





Comments/Notes