

BCMW 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

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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2019 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	\$ 1,041	\$ 12,490	\$ 1,353	\$ 16,237
2	1,409	16,910	1,832	21,983
3	1,778	21,330	2,311	27,729
4	2,146	25,750	2,790	33,475
5	2,514	30,170	3,268	39,221
6	2,883	34,590	3,747	44,967
7	3,251	39,010	4,226	50,713
8	3,619	43,430	4,705	56,459
**Additional per person	368	4,420	479	5,746

Is this family Income Eligible? Yes No

Parent/Guardian Signature: _____ Staff Signature: _____

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Notes: _____

