BCMW Head Start/Early 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	Femal	le
Parent/Guardian's Name:						Single	Married	Separa	ted	Divorce	90
Address:						City/Zip	:				
#1 Phone:	_ H	ome	Cel	1	#2 Phone	e:			Hor	ne Ce	11
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	evenin	g
Who can we contact if you cannot be reach	ned?										
Contact Name:						Phone:					
Address:						City/Zip	:				
Relationship to Child:											

2020 FAMILY INCOME GUIDELINES

Family Size	100% Monthly Income	100%Yearly Income	130% Monthly Income	130%Yearly Income	
1	\$ 1063	\$ 12,760	\$1,382	\$ 16,588	
2	1,437	17,240	1,868	22,412	
3	1,810	21,720	2,353	28,236	
4	2,183	26,200	2,838	34,060	
5	2,557	30,680	3,324	39,884	
6	2,930	35,160	3,809	45,708	
7	3,303	39,640	4,294	51,532	
8	3,677	44,120	4,780	57,356	
**Additional per	person 373	4,480	485	5,824	
Is this family Inco	ome Eligible? □ Yes □	□No			

Parent/Guardian Signature: _____ Staff Signature: _____

Notes:

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