

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

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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2021 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	\$ 1,074	\$ 12,880	\$ 1,396	\$ 16,744
2	1,452	17,420	1,888	22,646
3	1,830	21,960	2,379	28,548
4	2,209	26,500	2,872	34,450
5	2,587	31,040	3,363	40,352
6	2,965	35,580	3,855	46,254
7	3,344	40,120	4,347	52,156
8	3,717	44,600	4,832	57,980
**Additional per person	379	4,540	492	5,902

Is this family Income Eligible? Yes No

Parent/Guardian Signature: _____ Staff Signature: _____

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Notes: _____
