

BCMW Head Start 2025 Pre-Registration



Main Office: 909 East Rexford
Centralia, IL 62801
(618) 532-4890 x144

Franklin County Office: 510 Joplin
Benton, IL 62812
(618) 435-6555

Head Start Office Use Only

1st Appointment Date/Time: _____

2nd Appointment Date/Time: _____

Today's Date: _____

Participant's Name: _____ DOB: _____ Male Female

Parent/Guardian's Name: _____ DOB: _____ Male Female

Address: _____ City/Zip: _____

#1 Phone: _____ Home Cell #2 Phone: _____ Home Cell

Email Address: _____

Do you receive SNAP/TANF? Yes No Are you a current/former Head Start family? Yes No

Were you referred to us? Yes No If yes, by who? _____

How was this Pre-Registration form completed? Online In-Person Phone

Does the child have any health or development concerns? Yes No

Best day and time to contact you? M T W TH F 8:00-Noon Noon-4:00pm Anytime

Who can we contact if you cannot be reached?

Contact Name: _____ Phone: _____

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2025 FAMILY INCOME GUIDELINES

<u>Family Size</u> (Circle one)	<u>100% Monthly</u> <u>Income</u>	<u>100% Yearly</u> <u>Income</u>	<u>130% Monthly</u> <u>Income</u>	<u>130% Yearly</u> <u>Income</u>
2	1,763	21,150	2,291	27,495
3	2,221	26,650	2,887	34,645
4	2,679	32,150	3,483	41,795
5	3,138	37,650	4,079	48,945
6	3,596	43,150	4,675	56,095
7	4,054	48,650	5,270	63,245
8	4,513	54,150	5,866	70,395
**Additional per person	458	5,500	596	7,150

Parent/Guardian Signature: _____ Staff Signature: _____

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Other Notes: _____

