BCMW Head Start/Early Head Start2023 Pre-RegistrationFranklin County Office:909 East Rexford510 JoplinCentralia, IL 62801Benton, IL 62812(618) 532-4890 x144(618) 435-6555					Office Use Only 1st Appointment Date/Time: 2nd Appointment Date/Time:				
Today's Date:									
Participant's Name:					DOB:			Male	Female
Parent/Guardian's Nan	ne:				Single	Married	Separat	ted	Divorced
Address:					City/Zip:				
#1 Phone:		Home	Cell	#2 Phon	.e:			Hor	ne Cell
Email Address:									
Best day and time to co	ntact you? M	т w	TH	F 8	3:00-Noon	Noon-	4:00pm	Aı	nytime
Who can we contact if y	ou cannot be reache	<u>ed</u> ?							
Contact Name:					Phone:				
Address:					City/Zip:				
Relationship to Particip									

2023 FAMILY INCOME GUIDELINES

Family Size	<u>100% Monthly</u> Income	<u>100%Yearly</u> Income	<u>130% Monthly</u> Income	<u>130%Yearly</u> Income
2	1,643	<u>19,720</u>	2,136	<u>25,636</u>
3	2,072	24,860	2,693	32,318
4	2,500	30,000	3,250	39,000
5	2,928	35,140	3,807	45,682
6	3,357	40,280	4,364	52,364
7	3,785	45,420	4,921	59,046
8	4,213	50,560	5,477	65,728
**Additional per	person 428	5,140	557	6,682
Is this family Inco	ome Eligible? 🗆 Yes 🗆] No		
Parent/Guardian	Signature:		Staff Signature:	
Notes:				





Child's Name: _____

Date / Time / Initials	Comments/Notes