

BCMW Head Start 2026 Pre-Registration



Main Office: 909 East Rexford
Centralia, IL 62801
(618) 532-4890 x1108

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: _____

Phone: _____ Home Cell Primary Language: English Spanish Other

Email Address: _____

Do you receive SNAP/TANF/SSI? 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: _____

2026 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	1,803	21,640	2,344	28,132
3	2,277	27,320	2,960	35,516
4	2,750	33,000	3,575	42,900
5	3,223	38,680	4,190	50,284
6	3,697	44,360	4,806	57,668
7	4,170	50,040	5,421	65,052
8	4,643	55,720	6,036	72,436
**Additional per person	473	5,680	615	7,384

Parent/Guardian Signature: _____ Staff Signature: _____

Other Notes: _____

