

Early Start, Inc.

Diagnostic and Therapeutic Services For Children and Families

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RELEASE TO RECEIVE EI SERVICES FROM A DEPARTMENT OF EDUCATION EMPLOYEE/SUBCONTRACTOR

Name of Department of Education Employee: _____

Agency Name: _____

Child's Name: _____ Date of Birth: _____

EI ID #: _____

I understand that _____ will be providing service to
(DOE Employee/Subcontractor's Name)
_____ pursuant to a contract between
(Child's Name)

the Agency and the New York City Department of Health and Mental Hygiene's Early Intervention Program. I understand that the Department of Education Employee/ Subcontractor will not be permitted to provide services to my Child when and if my Child becomes eligible for preschool services through the Department of Education, except and unless my Child attends a Department of Education-operated program.

Signature of Parent: _____ Date: _____

Name of Parent: _____

**A copy of this release shall be maintained in the Child's
file at the EI Agency and by the Employee.**