

Early childhood specialists losninos.com

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# RELEASE TO RECEIVE EI SERVICES

**FROM A DEPARTMENT OF EDUCATION EMPLOYEE**

Name of Department of Education Employee:

Agency Name: \_Los Niños Services

Child’s Name: Date of Birth:

EI ID#:

I understand that will be providing services to (DOE Employee’s Name)

 pursuant to a contract between the agency (Child’s Name)

and the New York City Department of Health and Mental Hygiene’s Early Intervention Program. I understand that the Department of Education Employee 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.**