



Dear Parents/Students:

Welcome to **BOOKS & RATTLES, INC.** This letter has been prepared to inform you about our school; its rules, procedures and policies. It is our goal to provide valuable learning experiences that will enhance your child/children academic and social development.

Kindly read all forms in this packet carefully and complete each one, as they are necessary for your child to be enrolled in our school. Please be aware that your child must have a current medical and prescriptions for therapy before they can begin our program. We forward all anecdotal information to your child's therapist so we can know and be ready for your child on their first day of attendance. We offer a free food program, and we must have information provided on the CACFP form in order to process your child for this program. You must provide our school with two emergency contacts in case of any emergency.

If your child should be absent for any reason, please notify the school. If your child is out due to an illness, please return with a doctor's note. If your child has fever, diarrhea, or any contagious disease/sickness they may not remain in the school. If your child is absent for more than three days for any reason other than illness, they may be discharged from the program, as this does not constitute a legal absence.

As per the requirements of the Department of Health, your child will be outside for walks or outdoor play almost every day. Children need to release physical energy, engage in unstructured play, and receive sunlight and fresh air. Please dress your child accordingly, especially in the winter months. Our policy is unless it is raining or below 30 degrees, children will play outdoors.

Our program is based on the belief that the preschool years are critical for learning. It is essential that your child learns to love knowledge, as it is the basis for personal and cognitive growth. In addition, we seek to foster self-confidence, independence and critical thinking skills. As your child is socially and emotionally nurtured and exposed to a rich curriculum, these goals will be achieved.

Books & Rattles, Inc. offer a highly enriched, outstanding curriculum offered by licensed teachers and assistant teachers. We provide the highest level of staff development and ongoing education to all of our staff in order to provide our children and families with the highest level of care and instruction. Our Peek-A-Boo! Learning Center site offers live satellite training from the State Department of Education and all staff is mandated to participate in this training.

Our curriculum emphasizes pre-academic readiness skills covering all content areas as mandated by the State Department of Education. The areas include math, science, social studies, history, geography, reading, writing, language, literature and poetry and computer technology. We also have an emphasis on the creative arts with specialized instruction in dance and music. While our program is enriched and competitive, it is play based and multimodality in approach, because developmentally, this is the best venue in which children learn.

All our schools offer preschool services from 7:00 AM – 7:00 PM and these services are offered to all students based on availability. If you are interested in extended hours for your child at any of our schools, please contact your child’s Education Director if reference to fees and availability.

We thank you for entrusting **BOOKS & RATTLES, INC.** with the opportunity to provide your child (ren) with the best educational experience possible in all our state of the arts facilities. We wish you and your child a productive and enjoyable experience, and we look forward to a partnership with you to achieve all these goals.

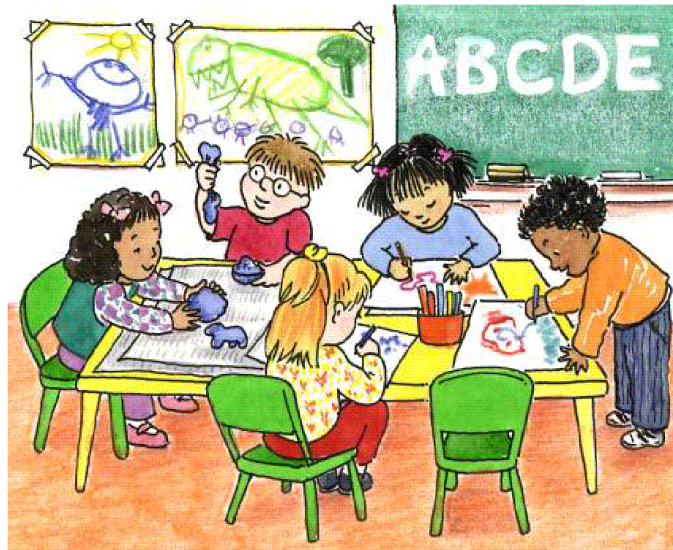
Sincerely,

Jeanne Karlya
Angela Manzueta
Executive Directors



OUR PRESCHOOL PROGRAM (3 TO 5 YEARS OLD) 4410

Preschoolers approach the world with confidence and with a genuine desire to become part of it. With this in mind, our program offers preschoolers the opportunity to do so and much more. Our classrooms are equipped with materials and staffed with educators ready to help children develop successfully. At our centers we believe children learn best through hands-on experiences. Creative expression and high-level cognitive activities are encouraged daily. Classroom instruction is individualized and it is important to educators that each student's needs are met.



BOOKS & RATTLES, INC.

10 SIGNS OF A GREAT PRESCHOOL

If your child is between the ages of 3 and 6 and attends a child care center, preschool, or kindergarten program, the **National Association for the Education of Young Children (NAEYC)** suggests you look for these 10 signs to make sure your child is in a good classroom.

1. Children spend most of their playing and working with materials or other children. They do not wander aimlessly, and they are not expected to sit quietly for long periods of time.
2. Children have access to various activities throughout the day. Look for assorted building blocks and other construction materials, props for pretend play, picture books, paints and other art materials, and table toys such as matching games, pegboards, and puzzles. Children should not all be doing the same thing at the same time.
3. Teachers work with individual children, small groups, and the whole group at different times during the day. They do not spend all their time with the whole group.
4. The classroom is decorated with children's original artwork, their own writing with invented spelling, and stories dictated by children to teachers.
5. Children learn numbers and the alphabet in the context of their everyday experiences. The natural world of plants and animals and meaningful activities like cooking, taking attendance, or serving snack provide the basis for learning activities.
6. Children work on projects and have long periods of time (at least one hour) to play and explore. Worksheets are used little if at all.
7. Children have an opportunity to play outside every day. Outdoor play is never sacrificed for more instructional time.
8. Teachers read books to children individually or in small groups throughout the day, not just at group story time.
9. Curriculum is adapted for those who are ahead as well as those who need additional help. Teachers recognize that children's different background and experiences mean that they do not learn the same things at the same time in the same way.
10. Children and their parents look forward to school. Parents feel secure about sending their child to the program. Children are happy to attend; they do not cry regularly or complain of feeling sick.

BOOKS & RATTLES, INC.

Application Checklist

_____ **Family Registration Form** – This form contains important information. List of names and telephone number of people (including parents) who are authorized to pick up your child. Please keep all information up to date.

_____ **Bus Information Form** - This form will allow us to have the most updated information for us and the bus company in order to provide better services to and from school.

_____ **CACFP** –The Child and Adult Care Food Program is funded by the U.S. Department of Agriculture (USDA). The purpose of the CACFP is to improve the nutritional quality of meals served to children in childcare centers.

_____ **Consent Form** – Their will be several school trips throughout the school year. They are derived from the children’s interests, and are related to the ongoing curriculum. All students must have written parental consent.

_____ **Community Walk Consent** – During the year the students will be going on community outings (post office, neighboring park, fire house, etc.). All students must have written parental consent to go on community trips.

_____ **Sunscreen Policy Form**- The Sunscreen Form will allow us to protect your child from the sun (UV rays) by putting sunscreen before any outdoor activities throughout the year.

_____ **Picture Permission Form** – The picture permission slip is used to obtain pictures of your children on school trips, in school settings for school projects.

_____ **Late Procedures/Late Fees** – You must review and comply with these procedures. An original or copy may be obtained.

_____ **School Supply List** – The school supply list is meant to assist you in what your child will need.

_____ **Emergency Contact Card** – List of names of three (3) persons who may be called in case of emergency or if child is sick in school. Please attach your child’s picture.

_____ **Medical Examination Form** – An original or copy must be submitted upon starting. **The medical form expires after one year and a new one must be filled out and brought back before the one year expiration date.** Required for admission by NYC Department of Health and Mental Hygiene.

_____ **Prescription/Recommendation for Preschool Services**– This form will allow your child to receive the proper services accordingly to your IEP and consent from your child’s doctor.

** **Handbook** – A copy will be sent home.

EXTENDED SERVICES ONLY:

* **Contract and Policies** –The legal agreement between the parent and provider which includes our promise to provide care and the agreement by the parents to pay for the child care services. The contract should be signed at the time of enrollment. The policies will cover illness, vacation, special needs, pick-up authorization, discipline, emergencies, and individual concerns



FAMILY REGISTRATION FORM

SHEET 1 OF 3

Parent/Guardian Information

Registration Date: _____

Mother/Guardian

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Employed By: _____ Occupation: _____

Work Address: _____

Office Phone: () _____ Work Hours: _____

Custodial Parent (If married, mark both parents) Mother's SS#: _____ - _____ - _____

Email: _____ Driver's License #: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Employed By: _____ Occupation: _____

Work Address: _____

Office Phone: () _____ Work Hours: _____

Custodial Parent (If married, mark both parents) Father's SS#: _____ - _____ - _____

Email: _____ Driver's License #: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Child Information

1st Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require? _____

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes N

Child Information

2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Class: _____

Child's Address: _____

Gender: [] Male [] Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require? _____

Allergies: _____

Doctor's Name: _____ Phone: () _____

Clinic Address: _____

Child behavior & socialization

In general, how does your child react to anxiety or stressful situation? Does he/she cry, withdraw, or throw tantrums? _____

Is he/she _____ talkative _____ quiet _____ average?

Are there additional circumstances regarding your child's physical or emotional status that you would like us to be aware of? _____

Does your child relate well to other children or does he/she prefer to play by him/herself? _____

How does your child relate to adults? _____

Language & Family Status:

What is the language predominantly spoken in your home? _____

Does your child speak English? _____ Yes _____ No

Have there been any major changes in the family such as divorce, or death recently? _____

Toileting

Is your child toilet trained for urine? _____ For bowels? _____

How frequently does he/she move his/her bowels? _____

What word(s) does your child use to indicate his/her need to urinate or defecate? Such as (pee pee/pooh pooh).

Please describe: _____

Likes/Dislikes

Does your child have a favorite book? _____

Does your child have a pet? _____ What type of pet is it? _____

What is the pet's name? _____

Previous Childcare

HAS YOUR CHILD HAD ANY PREVIOUS SCHOOL OR PLAY GROUP EXPERIENCE?

Please describe: _____

Infants (6weeks – 1 yr)

Were there any complications during the pregnancy of the child?

Were there any birth difficulties? _____

At approximately what age did your child sit up by him/herself? _____

Walk unsupported? _____ Talk in short phrases? _____

Is there anything else in your child's developmental history that you think we should be aware of?

Feeding/Eating

If your child is on formula or baby food, please mention the type of diet and describe the pattern of eating in the course of one day: _____

What is your child's food likes and dislikes?

Does your child have any food allergies? _____

Sleeping/Napping

Does your child sleep well? _____ yes _____ no

Does he/she usually nap? _____ yes _____ no

How long? _____ When? _____

BUS INFORMATION FORM

DATE: _____

CHILD'S NAME: _____

DATE OF BIRTH: _____ ID#: _____

BOOKS & RATTLES, INC. SCHOOL: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE #: _____ CELL#: _____

ADDRESS: _____

START DATE: _____ SESSION TIME: School Year Summer

PICK UP ADDRESS: _____

DROP OFF ADDRESS: _____

EMERGENCY CONTACTS NAME AND NUMBER:

1. _____ () - _____

2. _____ () - _____

3. _____ () - _____

63 - 08 69TH PLACE • MIDDLE VILLAGE • NEW YORK • 11379 • TEL: (718) 381 - 7777 • FAX: (718) 381 - 7305 • E: BOOKSANDRATTLES2003@YAHOO.COM
75 - 02 51ST AVENUE • ELMHURST • NEW YORK • 11373 • TEL: (718) 899 - 1532 • FAX: (718) 899 - 1401 • E: PEEKABOOLC1@AOL.COM
- 28 FRANCIS LEWIS BLVD • HOLLISWOOD • NEW YORK • 11427 • TEL: 718 • 740•2300 • FAX: 718•740•2301 E: LEARNINGTREE1972@AOL.COM



WWW.BOOKSANDRATTLESINC.COM



“A MIND IS A PRECIOUS THING TO WASTE, COME GROW WITH US”

BOOKS & RATTLES, INC.

CONSENT FORM

I hereby give my consent to have my child participate in all activities of BOOKS & RATTLES, INC. I also give my permission to have my child taken to and from the various trip areas used by the school by means of transportation used by the school. I also realize that BOOKS & RATTLES, INC. will not be responsible for any minor injuries that could occur during normal school participation (e.g. scratched knees, cuts, bruises, bites, etc.)

I have read the above and agree to give my consent.

Child's name: _____

Date of Birth: _____

Address: _____

City: _____ Zip code: _____

Mother's Name: _____

Cell Phone: _____

Work Phone: _____

Father's Name: _____

Cell Phone: _____

Work Phone: _____

Parent/Legal Guardian Signature

BOOKS & RATTLES, INC.

COMMUNITY WALK CONSENT

Throughout the year we will be taking the children on neighborhood walks to discuss things that are happening in our neighborhood and environment. Please sign and detach the bottom portion of this form so that your child can participate on these outings.

I give my child permission to go on community walks with BOOKS & RATTLES, INC.

Name of Child

Date of Birth

Name of Parent/Guardian

Signature

Date

BOOKS & RATTLES, INC.

SUNSCREEN POLICY FORM

I give permission to BOOKS & RATTLES, INC. to apply sunscreen to my child. Sunscreen is applied to children before outdoor activities such as walks, outdoor field trips, and outdoor play.

Please complete the bottom portion of this form and return to the school.

Date _____

Child's Name: _____ DOB: _____

Parent/Guardian Name and Signature: _____

Home Telephone: _____ Cell Phone: _____

Address _____

Is your child allergic to any type of sunscreen?

Is there a sunscreen you prefer to be applied to your child?

* Books & Rattles, Inc. does not supply sunscreen for the students.

BOOKS & RATTLES, INC.

PICTURE PERMISSION FORM

I give permission to BOOKS & RATTLES, INC. to take still photographs, slides and videotape of my child for educational purposes at BOOKS & RATTLES, INC. I understand that if my child's picture is to be used for some purpose other than any school reason, I will be notified in advance as to the nature of such a release.

Please complete the bottom portion of this form and return to the school.

Child's Name _____

Parent/Guardian signature _____

Telephone _____

Address _____

Date _____

BOOKS & RATTLES, INC.

LATE PROCEDURES

If you cannot pick up your child by the contracted hours, it is imperative that you make arrangements for another adult to come and pick up your child.

Please call and inform us if you will be late and who will be picking up your child.

LATE FEES

<u>ARRIVAL TIME</u>	<u>LATE FEE</u>
15 MINUTES	\$8.00
30 MINUTES	\$20.00
45 MINUTES	\$30.00
ONE HOUR	\$40.00
AFTER ONE HOUR	\$50.00

Payments payable to BOOKS & RATTLES, INC. and are due immediately upon arrival to staff members who are caring for your child.

Name of Parent/Guardian

Signature

Date

*** REMINDER: ALWAYS UPDATE YOUR AUTHORIZATION FORM FOR PICK UP.**

BOOKS & RATTLES, INC.

The odd items we throw away without thought can provide creative and pleasurable hours of activities for children. "One man's junk is another's treasure." No truer words were ever spoken especially in projects involving children.

Our children will be doing some exciting projects. Please help us by donating the following items to our school:

Margarine containers
Straws
Brown paper bags
Wrapping paper scraps
Paper plates
Old toothbrushes
Wood scraps
Toilet paper rolls
Old shoelaces
Paper towel rolls
Pipe cleaners
Clean, old clothes/shoes
Paper cups
Old greeting cards
Old calendars

Meat trays
Cardboard egg cartons
Felt
Newspaper
Feathers
Shells
Cotton Balls
Old clean socks
Old wallpaper
Old jewelry
Ribbons
Tissue paper
Pinecones
Milk cartons

BOOKS & RATTLES, INC.

SCHOOL SUPPLY LIST

I wanted to inform you on a few items your child will need on the first day of School.

_____ If your child is not potty trained he/she needs one package of diapers, wipes, and diaper rash cream. Please make sure you provide us with these items as needed.

_____ A complete set of clothing that will be kept in school. (Weather appropriate)
A shirt, pants or shorts, socks, and underwear.
* Reminder: Change clothes every couple of months.

_____ Please provide every 3 months: a box of tissues, paper towels and a box of wipes.

_____ A backpack that must come to school every day. (Please make sure that you check daily for important announcements and documents)

_____ Pictures of the child and individual pictures of family members (example: mom, dad, siblings, grandma, grandpa, aunt and/or uncle.) Please label on the back of the picture.

_____ A black and white notebook/folder

Please do not send toys and/or jewelry to school. We are not responsible if they are lost or broken.

PLEASE LABEL EVERYTHING CLEARLY

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME: _____

Print the name of the child(ren) enrolled in this child care center:

1. _____ 2. _____ 3. _____

DIRECTIONS:

Complete SECTION A if anyone in your household:

1. Receives Food Stamps
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. If any of the children enrolled in this child care center are foster children

SECTION A
Food Stamp Case Number _____
TANF Number _____
FDPIR Number _____
Names of Foster Children _____
<p>An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.</p> <p>Signature: _____</p> <p>Date: _____</p>

FOR SPONSOR USE ONLY
Sponsor Agreement Number _____
Total Household Members _____ (including foster children, if applicable)
Total Income \$ _____
Free _____ Reduced _____ Paid _____
Date Determined ____ / ____ / ____
Signature of Center Staff _____

Complete SECTION B if no one in your household receives Food Stamps, TANF, FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION B	
List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received last month in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.	
Name of Household Members	Monthly Gross Income
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature: _____

Print Name: _____

SS# **XXX-XX-** _____ Date: _____

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the form. The Social Security Number is not required when you apply on behalf of a foster child or you list a Food Stamps, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

INSTRUCTIONS FOR COMPLETING DOH-3688

Definition of Income

Income means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

Instructions for Parents or Guardians:

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

Section A: If anyone in your household receives Food Stamps, Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the Food Stamp, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in child care, write in the names of the foster children.

Section B: Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

Instructions for Centers and Sponsors:

The For Sponsor Use Only section is to be completed, signed and dated by center or sponsor staff. The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The Sponsor Agreement Number.

Total Household Members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

Total Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid*.

Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, or Food Stamp, TANF or FDPIR numbers) are categorized in the paid category.

The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member. For example, a form signed on May 12, 2011 is valid until May 31, 2012.

Emergency Contact Information

Child's Last Name: _____ MI: _____ First Name: _____

Home Address: _____ Street City State Zip Email: _____

Main Phone Number: _____ Date of Birth: _____ Sex: male female

Parent/Guardian (student resides with)
Name: _____
Preferred Language of Communication: _____
Home Address: _____
Street City State Zip
Home Phone: _____ Cell Phone: _____
Business Name: _____ Work Phone: _____
Business Address: _____
Street City State Zip
Signature: _____

Other Parent/Guardian
Name: _____
Preferred Language of Communication: _____
Home Address: _____
Street City State Zip
Home Phone: _____ Cell Phone: _____
Business Name: _____ Work Phone: _____
Business Address: _____
Street City State Zip
Signature: _____

If Medical Care is Necessary, Call:

DOCTOR: _____
Name Address City State Zip Phone

HOSPITAL: _____
Name Address City State Zip Phone

Does your child have insurance coverage? Yes No Name of Insurance Company _____
(Optional)

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name: _____ Name: _____

Address: _____ Address: _____
Street City State Zip Street City State Zip

Telephone: _____ Cell phone: _____ Telephone: _____ Cell phone: _____

Name: _____ Name: _____

Address: _____ Address: _____
Street City State Zip Street City State Zip

Telephone: _____ Cell phone: _____ Telephone: _____ Cell phone: _____

The following person(s) may **not** remove my child from the center:

Name: _____ Name: _____

Custody papers have been provided and are on file at the facility. Yes No Order of Protection Exist? Yes No

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

_____ Date: _____

Parent or Guardian printed name

Signature

Medical Information

Name of Physician/Clinic: _____ Telephone: _____

Is child allergic to food or other substances? Yes No

(If yes, name foods or substances to be avoided and procedure to follow if reaction occurs)

Is child usually susceptible to infections and if so, what precautions need to be taken? Yes No _____

Is child subject to convulsions and what should be our procedure if one occurs? Yes No _____

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? Yes No _____

Additional comments: _____

Other special instructions: _____

I understand that Books & Rattles, Inc. staff maintains current First Aid and CPR training. I authorize Books & Rattles staff to administer First Aid to my child for minor injuries as appropriate and to notify me accordingly. In case of major accident, injury or illness requiring immediate medical or surgical care, I _____ further authorize centers staff to act on my behalf, provided that they first make such diligent effort as the nature of the emergency permits to notify me of the situation and obtain my preference. If I am unavailable, I hereby Authorize:

Name: _____ Relationship: _____ Tel.No.: _____

Name: _____ Relationship: _____ Tel.No.: _____

To act on my behalf is such effort to contact me or my representative designated above are unsuccessful, I authorize the Books & Rattles, Inc. Staff to transport my child to a local hospital and to secure for my child any necessary medical treatment at my expense.

Parent/Guardian printed name Signature Date: _____

Note: Please attach current photo of child

PRESCRIPTION/RECOMMENDATION FOR PRESCHOOL SERVICES

Student's Name: _____ DOB: _____

School: _____ OSIS#: _____

District: _____

Period of Service
<i>School year September 4th, 2019 – June 26th, 2020</i>

I have reviewed the recommendations on the student's IEP with respect to the therapies below and in my opinion, the following services are deemed medically necessary:

Diagnosis (ICD-9 & ICD-10 code) REQUIRED
You must provide the MOST SPECIFIC ICD CODE(S) for each service checked.

<u>Service/Therapy</u>			
**Must use an ICD-9 & ICD-10 code for each service selected			
<input type="checkbox"/> Occupational Therapy	ICD-9 Code	_____ ICD-10 Code	_____
<input type="checkbox"/> Physical Therapy	ICD-9 Code	_____ ICD-10 Code	_____
<input type="checkbox"/> Speech Therapy	ICD-9 Code	_____ ICD-10 Code	_____
<input type="checkbox"/> Psychological Counseling	ICD-9 Code	_____ ICD-10 Code	_____

Physician/Physician's Assistant/Nurse Practitioner Information:

(Please Print)	(Stamp)
Name:	
Address:	
Phone Number:	
License # (REQUIRED) :	
NPI # (REQUIRED) :	
Medicaid Provider ID # (REQUIRED) :	

 Signature of Physician/Physician's Assistant/Nurse Practitioner
***Must be hand written signature; STAMPED SIGNATURE WILL NOT BE ACCEPTED**

 Date Signed

Note: Medicaid requires that all services recommended by a Physician, Physician's Assistant, Nurse Practitioner must be signed **prior to or on** the start date of services.