



everychild.one voice.

James H. Boyd Intermediate School PTA
286 Cuba Hill Road
Huntington, NY 11743

February 2017

Dear Parents:

We are pleased to once again offer the **Children’s Authored Book Program** to all the children at Boyd Intermediate School! For those who have participated in the past, you know what a delightful experience it is for your child to create a wonderful keepsake that reflects their imagination and creativity. What child would not love to see their picture on the back cover and read their own “About the Author” biography?

This is not a mandatory project, but if you choose to participate it will be a memorable one for your child to create a keepsake to cherish!

To participate, please complete the two attachments:

- **About the Author**
- **The Title of My Book**

Write the Title, your child’s name and their teacher’s name.

From this information, we will create the cover for your child to illustrate.

Please return both pages in an envelope marked “Children’s Authored Book Program by **February 13, 2017**. Please remember to include your child’s name, their teacher’s name and their grade on the envelope. In early March you will receive a package which will include a blank book, a cover page and instructions on how to proceed.

If you have any questions, please contact:

Harley Avenue

Carolina Costa, c.p.costa@hotmail.com
Viva Manchester, vmanchester@gmail.com

Boyd

Maureen Scully, mwscully17@gmail.com
Sabrina Dimina, breena33@aol.com

Deadline to return the **About the Author** and **The Title of My Book** pages is **February 13th, 2017**.



Together a community. Always for the children.

CHILDREN'S AUTHORED BOOK PROGRAM

ABOUT THE AUTHOR PAGE

(Please print all information and return by **February 13th**)

My full name is _____.

My nickname is _____.

I was born _____ in _____.
(month, day, year) (city/state)

I have _____brother(s) and _____sister(s). Their names
are _____.

I am in _____ grade at Boyd Intermediate School in
Elwood, New York. My teacher is _____.

My hobbies are/I like to _____

When I grow up I want to be _____

In case we have questions about this information please provide the following (PLEASE PRINT):

Parents name: _____

Phone: _____ E-mail: _____



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PLEASE HELP YOUR CHILD COMPLETE THIS
FORM AND RETURN IT **BY FEBRUARY 13TH:**

CHILDREN'S AUTHORED BOOK COMMITTEE

The title of my book is:

The book was written and illustrated by:

My teacher's name is:



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