

Dolly Parton's IMAGINATION LIBRARY Official Registration Form

1st Preschool Child's FULL Name _____

Child's Date of Birth _____ / _____ / _____ Sex: M F Phone _____

2nd Preschool Child's FULL Name _____

Child's Date of Birth _____ / _____ / _____ Sex: M F Phone _____

Parent/Guardian's Name _____

Child's Home Address _____

ADDRESS

CITY

STATE

ZIP CODE

Mailing Address (if different) _____

ADDRESS

CITY

STATE

ZIP CODE

Email Address _____

I hereby explicitly consent to allow the Dollywood Foundation, Inc. to use the information provided herein for the purposes of participating in Dolly Parton's Imagination Library book gifting program. To measure the benefits of this program we may create datasets with the information provided herein and share them with research and educational advancement partners. You agree to review our full Terms & Conditions and Privacy Policy by visiting imaginationlibrary.com. By signing and submitting this form you expressly consent to the terms set forth herein.

"This child is a resident of **Cleveland County**." _____

SIGNATURE OF PARENT/GUARDIAN

FOR OFFICE USE ONLY: Date Received: _____ Group Code: _____

**Sign up your
child today!**

Simply fill out the above form and mail to:

**Cleveland County Partnership
for Children, Inc.**

P.O. Box 455

Kings Mountain, NC 28086

(704) 734-2052

