# Registration Form

## Child Information

1st Child's FULL Name _____

Child's Date of Birth _____/_____/_____ (Child must be between the ages of 0 and 5 to register.)
MONTH DAY YEAR

2nd Child's FULL Name _____

Child's Date of Birth _____/_____/_____
MONTH DAY YEAR

Child's Mailing Address

_____
ADDRESS

_____ _____ _____ _____
CITY COUNTY STATE ZIP CODE

## Caretaker Information

Authorized Adult Name _____ Phone _____
PLEASE PRINT

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."

**Authorized Adult Signature** _____

## ENROLL YOUR CHILD TODAY!

Simply fill out the above form and mail to your local program partner.

To locate their mailing address visit: imaginationlibrary.com/check-availability

## OFFICE USE ONLY

Date Received _____/_____/_____ Notes _____

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