

United Way of the Mark Twain Area

3062 Highway 61 North
P.O. Box 81
Hannibal, MO 63401
573-221-2761



www.unitedwaymta.org

Greetings Parents and Guardians!

Due to the generosity of the Riedel Foundation, United Way is excited to launch the Dolly Parton Imagination Library Program for children living in the **Hannibal Public School District who live in Marion County!**

Dolly Parton's Imagination Library is a book-gifting program that mails an age appropriate book a month to the home of a child from the time they are born until they turn five. The single largest predictor of childhood literacy rates is having access to books. Reading to children is one of the most important literacy building activities to prepare children to learn to read and succeed in school. At United Way, we are excited to provide books through the Dolly Parton Imagination Library Program so you can read with your child!

Though there is no cost for families to participate in the Dolly Parton Imagination Library Program, the cost per child per year is \$25. Funds from the Riedel Foundation are making this program possible in our community!

To enroll your child, please complete the enrollment form and return it to Hannibal Parents as Teachers, Head Start, and/or mail it to the United Way.

In order to participate, your child must be 0-5 and you must reside in Marion County in the Hannibal Public School District.

Thank you to the Riedel Foundation for making this program possible!

Thank you,


Denise Damron
Executive Director
United Way

DOLLY PARTON'S IMAGINATION LIBRARY OFFICIAL REGISTRATION FORM

Child's Name:

First Name: _____ Last Name: _____

Child's Date of Birth: _____ / _____ / _____ Sex: M F
MONTH DAY YEAR

Child's Address: _____
ADDRESS CITY STATE ZIP CODE

Mailing Address (if different): _____
ADDRESS CITY STATE ZIP CODE

___ Yes, this child lives in Marion County in the Hannibal Public School District!

Authorized Adult's Name:

First Name: _____ Last Name: _____

Authorized Adult's Address: _____
ADDRESS CITY STATE ZIP CODE

Authorized Adult's Email Address: _____ Phone: _____

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 data sets 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: _____ Date: _____

Please return completed enrollment form to:

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