

Dolly Parton's IMAGINATION LIBRARY Official Registration Form

Privacy Statement: This information will not be used for any purpose other than the Imagination Library.

PLEASE PRINT

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 _____

"This child is a resident of a *designated area**" _____

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:

Literacy Volunteers
of Clinton County
Hawkins Hall Room 052
101 Broad St.
Plattsburgh, NY 12901
(518) 564-5332
(518) 564-5335 (fax)



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