

Dolly Parton's IMAGINATION LIBRARY Official Registration Form (one per child required)

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

PLEASE PRINT

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 _____

"This child is a resident of **Douglas or Pope 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:

**United Way of Douglas
& Pope Counties**
115 3rd Avenue W., Suite 104
Alexandria, MN 56308
(320) 763-4840

