

## Dolly Parton's IMAGINATION LIBRARY Official Registration Form

Privacy Statement: This information will not be used without your permission for any purpose other than those related to 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

TOWN/CITY

POST CODE

Postal Address \_\_\_\_\_

(if different)

ADDRESS

TOWN/CITY

POST CODE

Email Address \_\_\_\_\_

"This child is a resident of *Searcy County*." \_\_\_\_\_

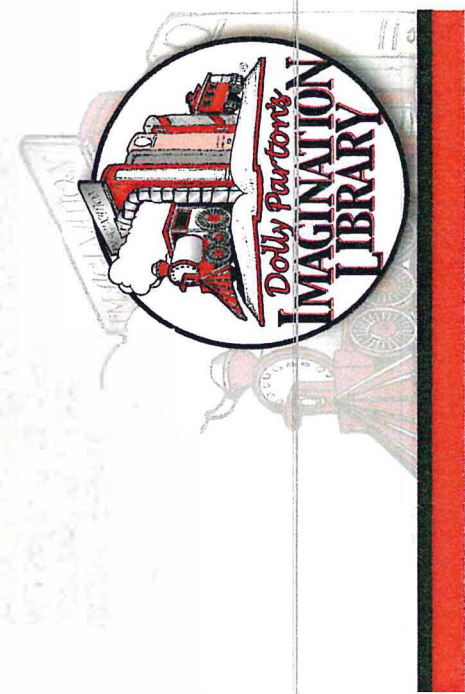
SIGNATURE OF PARENT/GUARDIAN

**FOR OFFICE USE ONLY:** Date Received: \_\_\_\_\_ Group Code: \_\_\_\_\_

Cut Here

**Sign up your child today!**

Simply fill out the above form



## Dolly Parton's IMAGINATION LIBRARY Official Registration Form

Privacy Statement: This information will not be used without your permission for any purpose other than those related to 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

TOWN/CITY

POST CODE

Postal Address \_\_\_\_\_

(if different)

ADDRESS

TOWN/CITY

POST CODE

Email Address \_\_\_\_\_

"This child is a resident of *Searcy County*." \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN

**FOR OFFICE USE ONLY:** Date Received: \_\_\_\_\_ Group Code: \_\_\_\_\_

Cut Here

**Sign up your child today!**

Simply fill out the above form a

