



# REGISTRATION FORM

***This program is available for children aged 0-4***

***Your child will receive their last book on their 5<sup>th</sup> birthday***

Please print clearly

## *Child Information*

1<sup>st</sup> Child \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
First Name Middle Initial Last Name Date of Birth

2<sup>nd</sup> Child \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
First Name Middle Initial Last Name Date of Birth

## *Caretaker Information*

\_\_\_\_\_  
First Name Last Name Phone

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

## *Child's Mailing Address*

\_\_\_\_\_  
Address Lot/Apt #

\_\_\_\_\_  
City State Zip Code County

## *Consent and Signature*

"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](http://imaginationlibrary.com). By signing and submitting this form you expressly consent to the terms set forth herein."

Authorized Adult Signature: \_\_\_\_\_

Scan the QR code or visit [www.imaginationlibrarymcva.org](http://www.imaginationlibrarymcva.org)

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