Dolly Parton's IMAGINATION LIBRARY Official Registration Form

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 ☐

Parent/Guardian's Name _____

Child's Home Address _____

_____ HAWAII 96752

CITY STATE

Child's Mailing Address _____

_____ HAWAII 96752

CITY STATE

Email Address _____

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. By signing and submitting this form you expressly consent to the terms set forth herein.

"This child is a resident of zip code 96752" _____

SIGNATURE OF AUTHORIZED ADULT

FOR OFFICE USE ONLY: Date Received: _____ **Group Code:** _____–_____

Cut Here

Sign up your child today!

Simply fill out the above form and mail to:

Waimea Public Library

9555 Kaumualii Highway

Waimea, HI 96796

808-338-6848

Please visit the library's website for current hours of operation https://www.librarieshawaii.org/visit/branches/

www.imaginationlibrary.com https://flhhawaii.org/ohanareaders