

Dolly Parton's IMAGINATION LIBRARY Official Registration Form

Privacy Statement: This information will not be used for any purpose other than that related to the Imagination Library. PLEASE PRINT

1st Preschool Child's FULL Name _____ Sex: M F Phone _____

Child's Date of Birth ____/____/____

2nd Preschool Child's FULL Name _____ Sex: M F Phone _____

Child's Date of Birth ____/____/____

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 the **designated area**" _____

SIGNATURE OF PARENT/GUARDIAN **EPS**

Group Code: _____ Date Received: _____

FOR OFFICE USE ONLY:

Sign up your child today!
Simply fill out the above form and mail to:

United Way of Summit County
90 North Prospect Street
Akron, OH 44304-1273
(330) 762-7601



United Way
of Summit County

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