



Dolly Parton's Imagination Library Official Registration Form

Sign your child up to receive one book each month mailed directly to your home at no cost! Children must be between the ages of **birth and 4 ½ years old**.

Child's Name: First Name _____ Last Name _____

Child's Date of Birth: _____ / _____ / _____ Sex: M F Phone: _____

Authorized Adult's Name: First Name _____ Last Name _____

Authorized Adult's Address: _____

Authorized Adult's Email Address: _____

Child's Home Address: _____

Mailing Address (if different): _____

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 data sets 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.

Authorized Adult Signature:

Please submit or mail completed form to:

Early Learning Coalition of Flagler and Volusia Counties
125 Executive Circle
Daytona Beach, FL 32114