

# Dolly Parton's Imagination Library Official Registration Form

(one per child required)

Privacy Statement: This information will not be used for any purpose other than the Imagination Library.

Please print/type:

Preschool Child's FULL Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Phone: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Child's Home Address \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

This child is a resident of **SULLIVAN COUNTY**: \_\_\_\_\_  
(Insert child's name above)

Parental/Legal Guardian's **Signature**:

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**For office use only: Date Received:** \_\_\_\_\_

**Group Code:** \_\_\_\_\_

**To Submit Form:**

**Send By Postal Mail to:**  
**Sullivan County Imagination Library**  
**Kingsport Chamber Foundation**  
**PO Box 1403**  
**Kingsport, TN 37662**

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**OR Return it to the Basler Library,**  
**Northeast State Community College,**

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**OR Return it to any Public Library in Sullivan County.**