

**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 **HAWKINS 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:**  
**Hawkins County Imagination Library Foundation**  
**Rogersville Rotary Club**  
**107 E. Main St., Suite 210**  
**Rogersville, TN 37857**

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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 Hawkins County.**