

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 **WASHINGTON COUNTY, TENNESSEE:**

(Insert child's name above)

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

For office use only: Date Received: _____

Group Code: _____

To Submit Form:

Send By Postal Mail to:

Washington County Imagination Library
c/o Johnson City Public Library
100 West Millard Street
Johnson City, TN 37604
(423) 434-4450

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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 Washington County, TN.