

Dolly Parton's IMAGINATION LIBRARY Official Registration Form

Privacy Statement: This information will not be used without your permission for any purpose other than those related to the Imagination Library. PLEASE PRINT

1st Preschool Child's FULL Name _____

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

2nd Preschool Child's FULL Name _____

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

Parent/Guardian's Name _____

Child's Home Address _____

ADDRESS

TOWN/CITY

POST CODE

Postal Address _____

(if different)

ADDRESS

TOWN/CITY

POST CODE

Email Address _____

"This child is a resident of *St. Joseph County*." _____

SIGNATURE OF PARENT/GUARDIAN

FOR OFFICE USE ONLY: Date Received: _____ Group Code: _____

Cut Here 

Sign up your child today!

Simply fill out the above form and mail to:

**Community Foundation
of St. Joseph County**

P.O. Box 837

South Bend, IN 46624

