

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

Preschool Child's FULL Name _____

Child's Date of Birth ____/____/____ Sex: __M__F Phone (256) _____

Parent/Guardian's Name _____

Child's Home Address _____ **Rainsville, AL 35986**

ADDRESS

CITY

STATE

ZIP CODE

Mailing Address (if different) _____

ADDRESS

Rainsville
CITY

AL
STATE

35986
ZIP CODE

"This child is a resident of the *City of Rainsville:*" _____

SIGNATURE OF PARENT/GUARDIAN

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

**Sign up your
child today!**

Simply fill out the above form and mail to:

Crossroads of Sand Mountain

Imagination Library

c/o City of Rainsville

P.O. Box 309

Rainsville, AL 35986

256.638.2160

