

DOLLY PARTON'S IMAGINATION LIBRARY **REGISTRATION**

Sponsored by the generous support of The Friends of the Library!

Child Information

Child's Last Name: _____

Middle Initial: _____ First Name: _____

Birth Date: _____/_____/_____ Send Welcome Book: Yes / No

Parent Information

Parent 1 First Name: _____

Parent 1 Last Name: _____

Parent 2 First Name: _____

Parent 2 Last Name: _____

Address _____

City _____ State _____

Zip Code _____ County _____

Phone: _____

Email: _____

*A parent's account username
is always their email address.

Please fill out one sheet per child.

