

# Registration Form



## Child Information

1st Child's FULL Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Child must be between the ages of 0 and 5 to register.)  
MONTH DAY YEAR

2nd Child's FULL Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

Child's Mailing Address \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

## Caretaker Information

Authorized Adult Name \_\_\_\_\_ Phone \_\_\_\_\_  
PLEASE PRINT

Email Address \_\_\_\_\_

"I hereby explicitly consent to allow the Dollywood Foundation, Inc. to use the information provided herein for the purposes of participating in Dolly Parton's Imagination Library book gifting program. To measure the benefits of this program we may create datasets with the information provided herein and share them with research and educational advancement partners. You agree to review our full Terms & Conditions and Privacy Policy by visiting [imaginationlibrary.com](http://imaginationlibrary.com). By signing and submitting this form you expressly consent to the terms set forth herein."

Authorized Adult Signature \_\_\_\_\_

## ENROLL YOUR CHILD TODAY!

Simply fill out this form and mail to:  
United Way of Sheboygan County  
2020 Erie Ave.  
Sheboygan, WI 53081

## OFFICE USE ONLY

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Notes \_\_\_\_\_