

# Hopkins County Imagination Library



## Dolly Parton's Imagination Library Official Registration Form (one form per child required)

Preschool Child's **FULL** name \_\_\_\_\_

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Phone: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Email Address \_\_\_\_\_

Child's Home Address \_\_\_\_\_

Address

City

State

Zip Code

Mailing Address (if different) \_\_\_\_\_

Address

City

State

Zip Code

"This child lives in Hopkins County"

\_\_\_\_\_  
SIGNATURE OF PARENT OF GUARDIAN

**FOR OFFICE USE ONLY:** Date Received: \_\_\_\_\_ Group Code: \_\_\_\_\_

