

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: _____
MONTH DAY YEAR

Parent/Guardians Name: _____

Child's Home Address: _____
ADDRESS

_____ CITY STATE ZIP CODE

Mailing Address: _____
(If Different) ADDRESS

_____ CITY STATE ZIP CODE

Email Address: _____

"This child is a resident of **Williamsburg County**" _____

SIGNATURE OF PARENT/GUARDIAN

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

**Sign up your
child today!**

Simply fill out the form and mail to:
Williamsburg County First Steps
P.O. Box 825
Kingstree, SC 29556
843-355-1031



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