

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

Preschool Child Full

Name _____

—

Child's Date of Birth _____ / _____ / _____ Sex: M F

Phone _____

—

Parent/Guardian's

Name _____

—

Child's Home

Address _____

—

—

City

ZIP Code

E-mail address _____

—

Mailing Address (if different) _____

—

City

ZIP Code

Your e-mail address _____

This child is a resident of Tipton County, TN

Signature of Parent/Guardian

For office use only: Date Received: _____

Group Code _____ - _____

Mail or fax to: Tim & Thirza Sloan, 1401 Roane Street, Covington, TN 38019-3334 Fax 475-4337 Tel 476-7079

E-Mail Thirza@bellsouth.net or the Tipton County Board of Education at 475-3492 or 475-5815 Fax 476-9558