

DOLLY PARTON IMAGINATION LIBRARY OFFICIAL REGISTRATION FORM
(ONE FORM PER CHILD ENROLLING)

CHILD'S FULL
NAME: _____ **DATE** _____

CHILD'S DATE OF BIRTH: ____/____/____ **SEX:** M F **PHONE:** _____

PARENT OR GUARDIAN'S
NAME: _____

CHILD'S HOME ADDRESS: _____

This Child resides in the Crest Ridge School District: _____
(Parent/Guardian's

Signature)