

INSPIRE A LOVE OF READING IN YOUR CHILD!

Register your child to receive a free book every month from Dolly Parton's Imagination Library. This program is sponsored by DEMCO in partnership with local affiliate Volunteers of America.

| 1st Preschool Child's Full | Name: | | | | | | | |
|--|-------------------------|--------------------------------|-------------------|----------------------------|------------------------------|---|------------------------|--------------------|
| Child's Date of Birth: | / | / | Pho | ne: <u>(</u> |) | - | Sex: _ | M/F |
| 2nd Preschool Child's Full Name: | | | | | | | | |
| Child's Date of Birth: | / | / | Pho | ne:(|) | _ | Sex: _ | M/F |
| Authorized Adult Name: | | | | | | | | |
| Child's Mailing Address: | | | | | | | | |
| City: | | | | | | State: | Zip: | |
| Email Address: | | | | | | | | |
| I hereby explicitly consent to al Imagination Library book giftin them with research and educat com. By clicking and submitting | g program ional adva | n. Ťo measure Incement part | the benefits of t | his program to review o | n we may cr ur full Term: | reate datasets with the s & Conditions and P | ne information provide | d herein and share |

Signature: .