



1st Preschool Child's FULL Name: _____

Child's Date of Birth: _____ Sex: _____ Phone: _____

2nd Preschool Child's FULL Name: _____

Child's Date of Birth: _____ Sex: _____ Phone: _____

Authorized Adult Name: _____

Mailing Address: _____

City,State,Zipcode: _____

Email Address: _____

I hereby explicitly consent to allow the Dollywood Foundation, Inc. to use the information provided herein for the purposes of participating in Dolly Parton's Imagination Library book gifting program. To measure the benefits of this program we may create datasets with the information provided herein and share them with research and educational advancement partners. You agree to review our full Terms & Conditions and Privacy Policy by visiting www.imaginationlibrary.com. By signing and submitting this form you expressly consent to the terms set forth herein.

Signature of Authorized Adult

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