

Dolly Parton's IMAGINATION LIBRARY Official Registration Form

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 _____

Parent/Guardian's 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 *West Central Minnesota*" _____

SIGNATURE OF PARENT/GUARDIAN

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



Sign up your child today!

Simply fill out the above form and mail to:

**United Way of
West Central Minnesota**

311 4th Street S.W.

P.O. Box 895

Willmar, MN 56201