



“YOU CAN NEVER GET ENOUGH  
**BOOKS**  
INTO THE HANDS  
OF ENOUGH  
**CHILDREN**”  
*Dolly*



## INSPIRE A LOVE OF READING

Enroll your child in Dolly Parton's Imagination Library and get a FREE BOOK every month until their 5th birthday.

“ Our daughter **LOVES READING** and being read to, and the **VARIETY** she receives from the Imagination Library is a **SIGNIFICANT** part of this ”

Dolly Parton's Imagination Library is dedicated to inspiring a love of reading by gifting books free of charge to children from birth to age five, through funding shared by Dolly Parton and local community partners in the United States, United Kingdom, Canada, Australia and Republic of Ireland.



**DELTA  
HEALTH  
ALLIANCE**

HEALTH • EDUCATION • COMMUNITY

Delta Health Alliance's Imagination Library currently serves children from 10 counties:

- Bolivar
- Coahoma
- Humphreys
- Leflore
- Quitman
- Sunflower
- Tate
- Washington
- Yazoo



# REGISTRATION FORM

## Child Information

1st Child's FULL Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2nd Child's FULL Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Mailing Address \_\_\_\_\_  
Address

\_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Caretaker Information

Authorized Adult Name \_\_\_\_\_ Phone \_\_\_\_\_

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 [imaginationlibrary.com](http://imaginationlibrary.com). By signing and submitting this form you expressly consent to the terms set forth herein."

Authorized Adult Signature \_\_\_\_\_

## ENROLL YOUR CHILD TODAY!

Simply fill out the above form and mail to Delta Health Alliance:  
Imagination Library  
435 Stoneville Road  
Stoneville, MS 38776

Forms may also be emailed to [imaginationlibrary@deltahealthalliance.org](mailto:imaginationlibrary@deltahealthalliance.org)

### OFFICE USE ONLY

Date Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Notes \_\_\_\_\_