



# Imagination Library Registration Form – Please write neatly.

Children birth through age 4 ½ residing in Monroe County, Florida are eligible to enroll. Enrollment is subject to program eligibility and funding capacity.

Los niños desde el nacimiento hasta los 4 años y medio que residen en el condado de Monroe, Florida, son elegibles para inscribirse. / Timoun ki fèt jiska laj 4 ane rive nan Konte Monroe, Florid yo kalifye pou yo enskri.

The Dollywood Foundation is a 501(c)(3) public nonprofit organization.

**1st Child's FULL Name** \_\_\_\_\_  
Nombre COMPLETO del primer niño / Premeje Timoun Premeje Non

Child's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex:  M  F  
Fecha de nacimiento del niño / Dat nesans timoun lan / Género / sèks  
Month Day Year

**2nd Child's FULL Name** \_\_\_\_\_  
Nombre COMPLETO del segundo niño / Non pitit COMPLÈ 2yèm lan

Child's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex:  M  F  
Month Day Year

**3rd Child's FULL Name** \_\_\_\_\_  
Nombre COMPLETO del 3er niño / 3yèm pitit pitit la plen non

Child's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex:  M  F  
Month Day Year

**Parent/Guardian's Name** \_\_\_\_\_  
Nombre de la madre/del padre/tutor / Non paran / gadyen legal la

**Child's Home Address** \_\_\_\_\_  
Adrès Kay Timoun lan/ Domicilio del niño

**Child's Mailing Address (if different)** \_\_\_\_\_  
Dirección postal del niño (si es diferente) / Adrès Postal pou Timoun (si li diferan)

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_  
Ciudad / vil

**Parent/Guardian's Email (required)** \_\_\_\_\_  
Correo electrónico del padre / tutor (obligatorio) / Imèl Paran / Gadyen (obligatwa)

**Parent/Guardian's Phone (required)** \_\_\_\_\_  
Teléfono del padre / tutor (obligatorio) / Telefòn paran / gadyen (obligatwa)

**Does your child currently have age-appropriate books at home?**  Yes  No  
¿Tiene su hijo actualmente libros apropiados para su edad en casa? / Èske pitit ou genyen kounye a liv ki apwopriye pou laj li lakay li?

**If yes, approximately how many? If no, please continue to the next question.**  
En caso afirmativo, ¿aproximadamente cuántos? Si no, continúe con la siguiente pregunta. / Si wi, apeprè konbyen? Si non, tanpri kontinye nan pwochen kesyon an.

- 1-5  6-9  10-19  20+

**Approximately how many times per week do you read to your child?**  
Aproximadamente, ¿cuántas veces por semana le lees a tu hijo? / Apeprè konbyen fwa pa semèn ou li pou pitit ou a?

- Rarely or never  2-3 times a week  4-6 times a week  Daily  
Rara vez o nunca / Raman oswa pa janm 2-3 veces a la semana / fwa nan yon semèn 4-6 veces a la semana / fwa nan yon semèn Diario / Chak jou

**Signature of Parent/Guardian Firma de la madre/del padre / tutor Siyati Paran / Gadyen**

By signing this registration form, I guarantee the child(ren) listed above reside(s) in Monroe County and I expressly consent to the terms set forth. I hereby explicitly consent to allow the Dollywood Foundation, Inc. and United Way of Collier and the Keys, 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.

**Mail form to** PO Box 2143, Key West, FL 33045, **or email to** [admin@KeysUnitedWay.org](mailto:admin@KeysUnitedWay.org).



**FOR OFFICE USE ONLY:** Date Rcvd: \_\_\_\_\_ Group Code: \_\_\_\_\_ #: \_\_\_\_\_