

Dolly Parton's IMAGINATION LIBRARY Official Registration Form *(one per child required)*

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 **Grove City Area School District**" _____

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:

Grove City Area United Way

119 S. Broad Street

P.O. Box 388

Grove City, PA 16127

(724) 458-4527

