



Dolly Parton's Imagination Library Registration Form

Child's Details:

First Name _____ Last Name _____

Child's Date of Birth _____ / _____ / _____ (day/month/year) Sex: M _____ F _____

Child's Home Address:

_____ Post Code _____

Authorised* Adult's Details:

First Name _____ Last Name _____

Authorised* Adult's Address:

_____ Post Code _____

Authorised Adult's Email: _____

I give consent to **West Granton Housing Co-operative** to input the above details into the Dollywood Foundation Inc. data base in order that my child will begin to receive the books as described within the leaflet and website page.

Authorised Signature: _____ Date: _____

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 programme. To measure both the benefits of the programme, we may create data sets with the information provided on this form and share them with research and educational advancement partners. You agreed 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.

Authorised Signature: _____ Date: _____

To find the mailing address of the local programme, please visit:

<https://imaginationlibrary.com/uk/find-my-programme/>