



REGISTRATION FORM

Child Information

1st Child's Name
First name Middle name Last name

1st Child's Date of Birth (Month-Day-Year):
Use numbers only

2nd Child's Name

2nd Child's Date of Birth (Month-Day-Year):

Child's Mailing Address:
Street Address
 Ontario
City Postal 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. By signing and submitting this form you expressly consent to the terms set forth herein."

Authorized Adult Signature:

Mail your registration form to:

**KIWANIS CLUB OF CHATHAM-KENT
416 ST. CLAIR ST., P.O.BOX 20065
CHATHAM, ON N7L 5K6**