

**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

"This child is a resident of **Chippewa Falls 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:

**Chippewa Falls School District**

Pupil Services Center  
1345 Ridgewood Dr.  
Chippewa Falls, WI 54729  
(715) 726-2580