



Dolly Parton's Imagination Library Official Registration Form

To enroll in this program, residents of Lansing Housing Commission must complete and return the bottom portion of this form to an Asset Manager.

What Is It?

Each month a new, carefully selected book will be mailed in your child's name directly to your home. The first book is always the children's classic *The Little Engine That Could*™. Best of all it is a FREE GIFT to your child through our partnership with a local organization! There is no cost or obligation to your family.

Who Is Eligible?

All children under the age of five in Lansing.

What Are My Responsibilities?

1. Be a resident of 48906, 48911, 48915, or 48933 zip codes.
2. Submit this official registration form to a LHC Asset Manager, completely filled out by the authorized adult.
3. Notify us anytime your address changes. Books are mailed to the address listed on the account. **Note: If the child's address changes, you must contact someone at Lansing Housing Commission in order to continue receiving books.**
4. Read with your child and have fun!

When Will I Receive Books?

Eight to ten weeks after your registration form has been received, books will begin arriving at your home and will continue until your child turns five or you move out of the covered area.

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Dolly Parton's Imagination Library Qualifying Child/Children's Information

Child's Date of Birth

_____/_____/_____ Sex: M F FULL Name _____

Child's Date of Birth

_____/_____/_____ Sex: M F FULL Name _____

Child's Date of Birth

_____/_____/_____ Sex: M F FULL Name _____

Authorized Adult Name (please print legibly)

_____ Property and Unit Number _____

Child/Children's Mailing Address (if different) _____ Lansing, MI zip _____

Email Address _____ Phone _____

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 I expressly consent to the terms set forth herein.

Signature of Authorized Adult _____

Asset Manager: Please send completed forms to meg@cismichigan.org.

FOR CISM OFFICE USE ONLY: Date Received: _____ Group Code: _____