



**Presents**



### **What Is It?**

Dolly Parton's Imagination Library is a 60 volume set of books beginning with the children's classic *The Little Engine That Could*™. Each month a new, carefully selected book will be mailed in your child's name directly to your home. Best of all it is a **FREE GIFT!** There is no cost or obligation to your family.

### **Who Is Eligible?**

Preschool children ages birth to five who are residents of St. Clair County.

### **What Are My Responsibilities?**

1. Be a legal resident of St. Clair County.
2. Submit an official registration form, completely filled out by parent or guardian. (Form must be approved and on file with St. Clair County RESA.)
3. Notify St. Clair County RESA any time your address changes. Books are mailed to the address listed on the official registration form. *If the child's address changes, you must contact the folks at the address on this card in order to continue receiving books.*
4. Read with your child.

### **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 St. Clair County.



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## Dolly Parton's IMAGINATION LIBRARY Official Registration Form

*Privacy Statement: This information will not be used for any purpose other than that related to the Imagination Library. PLEASE PRINT*

1st Preschool Child's FULL Name \_\_\_\_\_  
Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Phone \_\_\_\_\_  
2nd 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 \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
(if different)  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Email Address \_\_\_\_\_  
"This child is a resident of **St. Clair County**" \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_  
**FOR OFFICE USE ONLY:** Date Received: \_\_\_\_\_ Group Code: \_\_\_\_\_

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2nd 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 \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
(if different)  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Email Address \_\_\_\_\_  
"This child is a resident of **St. Clair County**" \_\_\_\_\_  
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:*

**St. Clair County RESA/Great Start**  
449 Range Rd.  
Marysville, MI 48040  
(810) 455-4015



United Way  
of St. Clair County



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