

ENROLL YOUR CHILD TODAY!!!

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 *Ionia County Intermediate School*" _____

Signature of Parent/Guardian

Please mail completed form to: **Ionia ISD**
Attn: DPIL
2191 Harwood Rd
Ionia, MI 48846



For more information, please visit our website at www.ioniaisd.org and click on the birth to five link.

Please see other side to make a donation to the Dolly Parton Imagination Library for your community