



of Freeborn County, Inc.

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*<sup>™</sup>. 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?

Any baby born in Freeborn County after January 1, 2013 and residing in Freeborn County.

### What Are My Responsibilities?

1. Be a legal resident of Freeborn County.
2. Submit an official registration form, completely filled out by parent or guardian. (Form must be approved and on file with Freeborn County Public Health.)
3. Notify Freeborn County Public Health 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 Freeborn 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 newborn Child's FULL Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: M F Phone \_\_\_\_\_

2nd newborn 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)*

Email Address \_\_\_\_\_

"This child is a resident of *Freeborn County*" \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

**FOR OFFICE USE ONLY:** Date Received: \_\_\_\_\_

Group Code: \_\_\_\_\_ - \_\_\_\_\_

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Child's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: M F Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Child's Home Address \_\_\_\_\_  
ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

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**Sign up your child today!**

Simply fill out the above form and mail to:

**Freeborn County Public Health**

411 S. Broadway Ave.  
Albert Lea, MN 56007  
(507) 373-8670



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