## The Capitol Federal Foundation, The Hopkins Foundation, The Jones Foundation, The Trusler Foundation and the United Way of the Flint Hills presents

# **The Dolly Parton Imagination Library**



#### What is the Dolly Parton Imagination Library??

It sounds too simple to be true, but by reading regularly with your children during their preschool years, you are giving them the biggest boost toward a successful education they will ever get.

Research has shown that children who have access to books and are read to are better prepared for kindergarten, have improved third grade reading test scores, and are more likely to graduate on time from high school. Together, we can give your child the opportunity they deserve for a successful life!

Each month, a new, carefully-selected book will be mailed directly to your home for your child. He/she can look forward to new and exciting reading adventures from Dolly Parton's Imagination Library until he/she turns five years old as long as you remain a resident of Coffey, Lyon, Morris, and Osage counties. Should the child move outside the service area, he/she automatically exits the program. Dolly Parton's Imagination Library is a **FREE GIFT** to our children thanks to the organizations listed above!

# Who is eligible?

Children birth to five living in Coffey, Lyon, Morris and Osage counties.

#### What are my responsibilities?

Simply submit this registration form completely or register online at www.imaginationlibrary.com. Please be advised that this form must be completed by a parent or guardian. If you move, please notify us of your address change at (620) 342-7564.

## What's next?

Once your form is received and your information is verified, your child will start to receive a book in 2014. And then you can start to enjoy your book together!

#### ENROLL NOW in Dolly Parton's IMAGINATION LIBRARY (one child per form)

Child must be under five years old and live in **Coffey, Lyon, Morris,** or **Osage County** to receive books.

#### PLEASE PRINT NEATLY

Child's Full Name		
Child's Date of Birth/	/ Sex M F	Phone
Parent / Guardian's Name		
Child's Mailing Address		
City	Zip Code	Email
Parent / Guardian Signature		
<i>Privacy Statement: This information will not be used for any purpose other than the Imagination Library. Books will arrive 10-12 weeks after your form has been received.</i>		, , ,