

Enroll Your Preschooler in Dolly Parton's Imagination Library for FREE Books!

What is Imagination Library?

As the Dolly Parton Imagination Library affiliate in Monroe County, United Way of Collier and the Keys provides an age appropriate book once a month for children from birth through their 5th birthday. These books are designed to encourage children to read and engage parents in reading with their children!

What are MY responsibilities as a parent or guardian?

1. Be a resident of Monroe County, FL.
2. Submit the registration form on the back, completely filled out and signed by a parent or guardian.
3. Notify United Way of Collier and the Keys any time your address changes.
4. Read with your child!
5. Complete a brief survey upon completion of the program.



When will my child receive books?

Eight to ten weeks after your registration form has been received, books will begin arriving at your home and will continue once each month until your child turns 5 or you move out of Monroe County.

For more information, visit ImaginationLibrary.com.

Complete and return the form on the reverse side to enroll your child.





Imagination Library Registration Form – Please write neatly.

Children birth through age 4 ½ residing in Monroe County, Florida are eligible to enroll. Enrollment is subject to program eligibility and funding capacity.

Los niños desde el nacimiento hasta los 4 años y medio que residen en el condado de Monroe, Florida, son elegibles para inscribirse. / Timoun ki fèt jiska laj 4 ane rive nan Konte Monroe, Florid yo kalifye pou yo enskri.

The Dollywood Foundation is a 501(c)(3) public nonprofit organization.

1st Child's FULL Name _____
Nombre COMPLETO del primer niño / Premye Timoun Premye Non

Child's Date of Birth _____ / _____ / _____ Sex: M F
Fecha de nacimiento del niño / Dat nesans timoun lan / Género / sèks
Month Day Year

2nd Child's FULL Name _____
Nombre COMPLETO del segundo niño / Non pitit COMPLE 2yèm lan

Child's Date of Birth _____ / _____ / _____ Sex: M F
Month Day Year

3rd Child's FULL Name _____
Nombre COMPLETO del 3er niño / 3yèm pitit pitit la plen non

Child's Date of Birth _____ / _____ / _____ Sex: M F
Month Day Year

Parent/Guardian's Name _____
Nombre de la madre/del padre/tutor / Non paran / gadyen legal la

Child's Home Address _____
Adrès Kay Timoun lan/ Domicilio del niño

Child's Mailing Address (if different) _____
Dirección postal del niño (si es diferente) / Adrès Postal pou Timoun (si li diferan)

City _____ **Zip** _____
Ciudad / vil

Parent/Guardian's Email (required) _____
Correo electrónico del padre / tutor (obligatorio) / Imèl Paran / Gadyen (obligatwa)

Parent/Guardian's Phone (required) _____
Teléfono del padre / tutor (obligatorio) / Telefòn paran / gadyen (obligatwa)

Does your child currently have age-appropriate books at home? Yes No
¿Tiene su hijo actualmente libros apropiados para su edad en casa? / Èske pitit ou genyen kounye a liv ki apwopriye pou laj li lakay li?

If yes, approximately how many? If no, please continue to the next question.
En caso afirmativo, ¿aproximadamente cuántos? Si no, continúe con la siguiente pregunta. / Si wi, apeprè konbyen? Si non, tanpri kontinye nan pwochen kesyon an.

1-5 6-9 10-19 20+

Approximately how many times per week do you read to your child?
Aproximadamente, ¿cuántas veces por semana le lees a tu hijo? / Apeprè konbyen fwa pa semèn ou li pou pitit ou a?

Rarely or never 2-3 times a week 4-6 times a week Daily
Rara vez o nunca / Raman oswa pa janm 2-3 veces a la semana / fwa nan yon semèn 4-6 veces a la semana / fwa nan yon semèn Diario / Chak jou

Signature of Parent/Guardian Firma de la madre/del padre / tutor Siyati Paran / Gadyen

By signing this registration form, I guarantee the child(ren) listed above reside(s) in Monroe County and I expressly consent to the terms set forth. I hereby explicitly consent to allow the Dollywood Foundation, Inc. and United Way of Collier and the Keys, 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.

Mail form to PO Box 2143, Key West, FL 33045, **or email to** admin@KeysUnitedWay.org.



FOR OFFICE USE ONLY: Date Rcvd: _____ Group Code: _____ #: _____