



LIVE UNITED



United Way of Olmsted County

United Way of Olmsted County is committed to supporting learning and development and a sense of belonging for children and youth so that they become responsible and contributing adults. We want to ensure children have positive development opportunities so that they can start school ready to succeed. We want to grow success in learning and in life.

The Dolly Parton Imagination Library provides one book each month to children in Olmsted County from birth to age 5 whose parents register to receive them. These sturdy, colorful, age appropriate books are delivered directly to the child. Each book is selected for the developmental benefits it brings - and for the fun.

Any child from birth to age five who is A RESIDENT OF OLMSTED COUNTY is eligible to receive these books. DELIVERY PERMITTED TO OLMSTED COUNTY RESIDENTIAL ADDRESSES ONLY.

Parents or guardians can enroll their child (or children) under five by submitting the short registration form below (one per child) to: **United Way of Olmsted County 903 West Center Street Suite 100 Rochester, MN 55902.**

There is no charge or fee required for enrollment. United Way of Olmsted County will accept donations to the Circle of Caring Community Fund to offset costs of Imagination Library. The local cost of the program is \$30.00 per child per year.

For more information contact United Way of Olmsted County at 507-287-2000 or uwoc@uwolmsted.org.

YOU CAN NOW REGISTER DIRECTLY ONLINE AT www.imaginationlibrary.com.

IMPORTANT NOTE: Books will begin to arrive 8 -10 weeks after registration is received. Please notify United Way of Olmsted County of any change of address.

Cut here and submit form below

DOLLY PARTON IMAGINATION LIBRARY REGISTRATION FORM: (one per child required)

This information will not be used for any other purpose than the Imagination Library. Please print.

Pre-School Child's FULL Name _____

Child's Date of Birth ____/____/____ Sex: M F Phone _____

Parent/Guardian's Name _____

E-mail _____

Child's Home Address

Street _____

City _____ State _____ ZIP _____

Child's Mailing Address (if different)

Street _____

City _____ State _____ ZIP _____

"This child is a resident of Olmsted County." _____

Signature of Parent/Guardian