



Brings The To Ashland County!

Every child (birth to 5) will receive a book a month, Register now!

Did You Know?

1. "Reading is fundamental to your child's success in school."
2. "The more that you read, the more things you will know. The more you learn, the more places you'll go." — Dr. Seuss
3. "There are many little ways to enlarge your child's world. Love of books is the best of all." —Jacqueline Kennedy
4. "When you read 20 minutes a day to your child you will give them one million words a year."

- Every child will receive **FREE** books of their very own, at no cost to you, thanks to United Way of Ashland County, local sponsors, and Dolly Parton.
- Dolly Parton's Imagination Library will provide a very special reading time for mom or dad and grandparents too!
- **To Register...**
 - Child must live in Ashland County and must be under the age of five.
 - Complete the form below (must be approved and on file with United Way of Ashland County.)
 - Notify United Way of Ashland County any time your child's address changes in order to continue receiving books.
 - Parents and caregivers must agree to read with the child.

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 Ashland County.

To begin receiving books to read to your child, please return the completed form below to:

United Way of Ashland County,
132 West Main Street, Ashland, Ohio 44805
 Phone: (419)281-5551 Fax: (419)281-7622
 Scan and Email to Unitedwayassistant@uwashlandoh.org



Dolly Parton's IMAGINATION LIBRARY Official Registration Form (one per child required)

This information will only be used for Imagination Library and to share with you early learning community event information.

Child's FULL NAME: _____ Child's Date of Birth ____/____/____ Sex: Male Female
 Phone: (____) _____ Parent/Guardian's _____
 Child's Home Address: _____
 City: _____ State: OH Zip Code: _____
 Mailing Address (if different): _____
 City: _____ State: OH Zip Code: _____

"We agree to read to our child and verify that the child is a resident of Ashland County."

(Signature of Parent/Guardian): _____

OFFICE USE ONLY:

Date Received: _____ Date Entered: _____