

# Dolly Parton's Imagination Library



## What is Imagination Library?

Imagination Library provides books in the hands of every young child to read and keep for their very own. It means parents, older brothers or sisters,

grandparents, babysitters, and others reading, talking, and enjoying books together with the children in their lives.

Children enrolled receive a new, age-appropriate book sent to them at their home each month. The program is offered to families at no cost. To sponsor a child is \$31/year.

Imagination Library is a partnership between United Way of Fort Smith Area and Dolly Parton's Imagination Library. It is funded locally by individual donations, community members, corporate gifts, and special grants.

United Way works to build community support for children during the formative years that influence their entire lives with the goal of helping all children be prepared for success in school and life.

## Who is eligible?

Children from Birth up to their Fifth birthday living in Crawford, Franklin, Logan, Scott, or Sebastian counties.

## When will my child receive books?

After registering, the first book takes about eight to ten weeks to arrive at your home. Books will arrive monthly until the child's Fifth birthday.

## What do parents/guardians need to do?

- Notify United Way directly anytime your address changes in order to continue receiving books.
- Read and have fun with the books and your child. The more you read with your child, starting at birth, the more your child learns and develops.
- Tell other parents about Imagination Library.
- Let your employer know that businesses can also donate to help support Imagination Library. Donations are greatly appreciated to help ensure continuation of this program.

For information contact: Mary-Kate Wewers  
United Way of Fort Smith Area  
Tel: 479-782-1311 Fax: 479-782-3505  
Email [mkwewers@unitedwayfortsmith.org](mailto:mkwewers@unitedwayfortsmith.org)

## Imagination Library Enrollment Form (one form per child required)

Child's Full Name (child must be younger than 5 years old)

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M/F

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

Child's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Send completed form to:  
**United Way of Fort Smith Area**  
120 North 13th St.  
Fort Smith, AR 72901  
Fax to: 479-782-3505

## I am eligible because I live in:

- Crawford County
- Franklin County
- LeFlore County
- Logan County
- Sebastian County
- Sequoyah County



Parent/Guardian Signature \_\_\_\_\_