



### WHAT IS THE IMAGINATION LIBRARY?

A monthly home delivered book program for children from 0-5 years old, free of charge to families.

### WHO IS ELIGIBLE TO JOIN?

Any child born from 1 January 2022 currently residing in the Walgett Local Government Area.

### WHY IS READING WITH MY CHILD IMPORTANT?

Reading to your child from a young age will help their language development and assist them to develop the skills to read themselves as they get older.

### WHAT DO I DO AFTER REGISTERING?

Enjoy reading with your child every day and using the tip sheets that come with each book. If you are planning on moving, please contact your local coordinator.

### HOW DO I SIGN REGISTER MY CHILD?

Complete the attached form and return it to your Child and Family Health Nurse or local library.

### WHO ARE WE?

United Way Australia is a non-profit organisation and licence holder of Dolly Parton's Imagination Library, working to ensure every Australian child has the chance to reach their full potential.

### DO I HAVE TO PAY?

No. Thanks to the generous support of the NSW Government and United Way Australia, Dolly Parton's Imagination Library is FREE.

### KEY CONTACT

Cath Hiscox  
chiscox@walgett.nsw.gov.au  
02 68286104

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## YOUR CHILD'S/CHILDREN'S DETAILS

(Please complete in CAPITAL LETTERS)

Referred by:  
(e.g., CFHN or SWIS-H)

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### ADDRESS

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### PARENT/GUARDIAN DETAILS

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

### TERMS & CONDITIONS

As part of this registration your child also receives a free membership to their local library. I consent to allow the Dollywood Foundation, Inc. and United Way Australia to use the information provided herein for the purposes of participating in Dolly Parton's Imagination Library book gifting program.

United Way Australia routinely surveys parents/guardians to understand the impact of the program. The feedback is de-identified and used to share outcomes.

Please advise below if you DO NOT wish to be contacted for the purposes of program evaluation.

I DO NOT wish to be contacted for the purposes of survey/feedback of this program.

Authorised Adult Signature:

OR

Parent/guardian consent provided

Date: