



RECEIVE A BOOK FOR YOUR CHILD EACH MONTH AT NO COST TO YOU

Every child under age 5 living in the Anchorage Municipality is eligible for our monthly book program.

It sounds almost too simple to be true, but by reading regularly with your children during their early years, you are giving them the biggest boost towards a successful education that they will ever get.

Every child can have books of their very own, at no cost to you, thanks to the Anchorage community and Dolly Parton. Each month a new, age-appropriate book will be mailed in your child's name directly to your home.

The Dollywood Foundation selects the books nation-wide and works with publishers to keep our costs down. Here in Anchorage, books are funded by local organizations and individuals like you. If you would like to give the gift of reading by sponsoring an Anchorage child, donations can made on our website or mailed directly to our office.

How To Enroll Your Child Under Age 5

1. Be a resident of the Municipality of Anchorage.
2. Submit your registration form, legibly completed by a parent or guardian, to Anchorage Imagination Library.
3. Contact us if your mailing address changes so your child can continue receiving books.
4. It takes 8-10 weeks for the first book to arrive.

Read With Your Child 30 Minutes Each Day!

program of:

BEST BEGINNINGS

Alaska's Early Childhood Investment

Contact Us

If you have questions or are interested in volunteering, please contact us.

907-297-3305 phone
 907-297-3304 fax
 AnchorageImaginationLibrary@gmail.com
 www.AnchorageImaginationLibrary.com

Anchorage Imagination Library REGISTRATION FORM

Check here if this is an address change for an existing participant

1st Child's FULL Name

First Name _____ Middle Name _____ Last Name _____

1st Child's Date of Birth / / Sex: M F

2nd Child's FULL Name

First Name _____ Middle Name _____ Last Name _____

2nd Child's Date of Birth / / Sex: M F

Parent/Guardian's Name _____

Parent's Email Address _____
(To receive info about our free events & have online access to your child's account)

Parent's Phone _____

Street or P.O. Box _____ (Please include apartment # if applicable)

City _____ State _____ Zip Code _____

"This child is a resident of the Municipality of Anchorage."

Signature of Parent/Guardian _____

Mail completed form to:



Anchorage Imagination Library
 3350 Commercial Drive, Suite 104A
 Anchorage, AK 99501

Enrollment Source:
 BBWS