

The Oregon Trail Education Foundation

Imagination Library

Official Registration Form

Privacy statement: This information will not be used for any purpose other than that related to the Imagination Library.

1st Preschool child's full name: _____

Child's date of birth: ____/____/____ Sex: ____M ____F Phone: _____

2nd Preschool child's full name: _____

Child's date of birth: ____/____/____ Sex: ____M ____F Phone: _____

Parent/Guardian's name: _____

Email address: _____

Child's home address: _____

Mailing address (if different): _____

"This child is a resident of Oregon Trail School District": _____

Parent signature (required)

Submit your completed registration form to:

oteflibrary@gmail.com

OR

Oregon Trail Education Foundation

PO Box 1312

Sandy, OR 97055

For office use only

Date received: _____ Group code: _____