

# Housing Authority of the County of Alameda (HACA)

## Presents



### What Is It?

Dolly Parton's Imagination Library is a 60 volume set of books beginning with the children's classic *The Little Engine That Could™*. Each month a new, carefully selected book will be mailed in your child's name directly to your home. Best of all it is a **FREE GIFT!** There is no cost or obligation to your family.

### Who Is Eligible?

Preschool children ages birth to five who are clients of HACA or tenants of PACH.

### What Are My Responsibilities?

1. Be a client of HACA or tenants of PACH.
2. Submit an official registration form, completely filled out by parent or guardian. (Form must be approved and on file with PACH/HACA.)
3. Notify PACH/HACA any time your address changes. Books are mailed to the address listed on the official registration form. *If the child's address changes, you must contact the folks at the address on this card in order to continue receiving books.*
4. Read with your child.

### When Will I Receive Books?

Eight to ten weeks after your registration form has been received, books will begin arriving at your home and will continue for the next 12 months or you are no longer a client of HACA or a tenant of PACH.\*

*\*We are proud to offer Dolly Parton's Imagination Library as part of a unique, year-long partnership with the 50 Fund's Re(a)d Zone Initiative. The 50 Fund is the legacy fund of the San Francisco Bay Area Super Bowl 50 Host Committee.*

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## Dolly Parton's IMAGINATION LIBRARY Official Registration Form

*Privacy Statement: This information will not be used without your permission for any purpose other than those related to the Imagination Library. PLEASE PRINT*

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 \_\_\_\_\_

Child's Home Address \_\_\_\_\_

ADDRESS

CITY

STATE

ZIP CODE

Mailing Address \_\_\_\_\_

(if different) \_\_\_\_\_

ADDRESS

CITY

STATE

ZIP CODE

Email Address \_\_\_\_\_

"This child is a *client of HACA or tenant of PACH*" \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN

FOR OFFICE USE ONLY: Date Received: \_\_\_\_\_ Group Code: \_\_\_\_\_

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Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Phone \_\_\_\_\_

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

Child's Home Address \_\_\_\_\_

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Cut Here

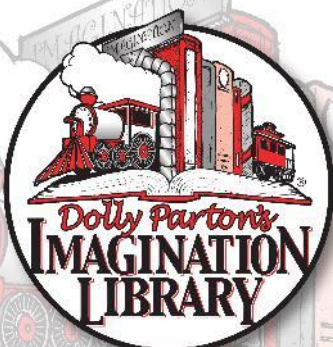
### Sign up your child today!

Simply fill out the above form and mail to:

**PACH/HACA**  
22941 Atherton Street  
Hayward, CA 94541  
(510) 727-8575



THE LEGACY FUND OF THE  
SAN FRANCISCO BAY AREA SUPER BOWL 50  
HOST COMMITTEE



Cut Here

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