

Children are eligible from
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Registration Form (one per child required)
ROANE COUNTY, TN

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PLEASE PRINT

Preschool Child's FULL Name _____

Child's Date of Birth ___/___/___ Sex M F Phone: _____

Parent/Guardian's Name _____

Child's Mailing Address _____

_____ zip _____

Signature of Parent/Guardian _____

E-mail address _____

Child must live in **Roane County**. For other Tennessee counties

Call 1-877-99BOOKS or visit www.governorsfoundation.org

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