

Children's Library Card Registration (ages 5-12)

If you have a disability, ask for an Extended Services form.

Child's Name _____
(Please print) Last First Middle Initial

Home Address _____
Street Apt. #

City State Zip Code

Telephone (_____) _____ Birthdate ____/____/____
Mo. Day Year

School _____ Male ____ Female ____

Mailing Address if different from above: _____
Street Apt. #

City State Zip Code

E-mail address _____

Check here to receive occasional library news and events via e-mail.

If you **prefer** to read in a language other than English, please tell us what language _____

I agree to follow all library rules.

Child's signature _____ Date _____

As a parent/legal guardian, I understand that this library card entitles my child to check out materials from any part of the library and use computers, and that internet access is not filtered. Confidentiality of my child's information is protected by California Law. I agree to be responsible for my child's materials and any fees or charges. I understand that adult and teen materials borrowed by my child are subject to fines if they are late and that some items, such as DVDs, have higher fines. Any restriction of my child's library card use is my responsibility.

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Name (Please print) _____

CA Driver's License/ID No. Parent/Legal Guardian _____

FOR OFFICE USE ONLY:

01/2010

Barcode _____ Staff Initials _____ Date _____ Type: VER