

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

Address _____
 Street Apt. #

_____ City State Zip Code

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

School _____ Male ___ Female ___

Home address if different from above: _____
 Street Apt. #

_____ City State Zip Code

E-mail address _____

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 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 videos/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:

9/06

Barcode _____ Staff Initials _____ Date _____ Type: NP