



LIBRARY CARD APPLICATION
GROUP VISITS FOR CHILDREN/MINORS

CHILD'S NAME: (Print Clearly) LAST FIRST MIDDLE

ADDRESS: STREET APT. NO. TELEPHONE

CITY STATE ZIP DATE OF BIRTH

If address above is not the mailing address, please fill in below:

P.O. BOX CITY STATE ZIP

EMAIL ADDRESS: (Optional. Allows overdue and holds notices to be emailed.)

Please indicate which level of Internet access you want permitted on your child's card:

Full access Filtered access No access

(Call 221-6740 if you have any questions about these options or the library's Internet access.)

Parent or Guardian:

I agree to abide by all Library policies and rules. I accept full responsibility for all items checked out on this card and for all charges associated with its use. I will report loss of card and change of address promptly. I understand presentation of this card authorizes access to the library record for this account.

Parent/Guardian name (Please print.)

Parent/Guardian signature

Date: Date of Birth (of parent):

The library recommends the parent/guardian or the child receiving the card have actual possession of said card.

Teacher or group leader name

School or institution name