

Child Library Card Application

Barcode _____ Date _____

-----Do Not Write Above Line-----

Child's Name (Last/First) _____ Birth Date _____

Parent's Name (Last/First) _____

Mailing Address (Street) _____ (No Post Office Box)

City, State, Zip _____

Library Notification by: (Please check one)

Phone # _____ **or** Parent's Email _____

Name of School _____

I accept responsibility for library materials borrowed with this card and agree to report immediately loss of this card or change of address. I give my child permission to use the library's computers/internet.

Child's Signature _____

Parent's Signature _____

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