

LIBRARY CARD APPLICATION – 13 Years and Under

Personal identification of the parent/guardian, including name and home address will be requested by Library Staff.

Please Print

Date:		Branch Location:		
Name of Applicant:				
_____		_____		_____
Last		First		Middle
Address:				
_____		_____		_____
Apt./Unit #		Street Number		Street Name

City		Province		Postal Code
Phone: (___) ___ - _____		Birthday (required):		
Other Phone: (___) ___ - _____		Year		Month Day
<p>How do you wish to receive notification of items placed on hold? (Choose one)</p> <p><input type="checkbox"/> Email Provide your email address: _____ @ _____</p> <p><input type="checkbox"/> Text Message Provide your cell phone number (if different from above): (___) ___ - _____</p> <p><input type="checkbox"/> Phone Provide your phone number (if different from above): (___) ___ - _____</p>				
<p>I would like my child to have their own library card, understanding that any cards under my responsibility must be in good standing. I agree that I am responsible for all use made of the library card. (Please include last, first, and middle names.)</p>				
_____			_____	
Parent / Guardian Name (Please Print)			Parent / Guardian's Signature	

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