

Children's Library Card Registration

Child's Name:

| First | Middle | Last | | |
|-----------------------------------|-----------------------|---------------------|--------------|--|
| Child's Date of Birtl | ٦ | | | |
| Parent or guardiar | n: | | | |
| Name | | Phone Number | | |
| Address | City | State | ZIP | |
| Email | | | | |
| Email is for library r | notification only and | is confidential. | | |
| | | | | |
| Parent/Guardian ar fees incurred. | ccepts responsibility | for materials borro | owed and any | |
| Signature of parent | or guardian | | | |