



Child Card Application

For Staff Use Only:
Barcode # _____
Pin # _____
Staff Initials _____

PLEASE PRINT

Last Name: _____ First Name: _____ MI _____

Telephone: () _____ Alternate Phone: () _____

Birth Information: Month _____ Day _____ Year _____

Gender: Female Male

Ages

- 0 – 6
- 7 – 14
- 15 – 17

Ethnic Category

- African American
- Asian

- Caucasian
- Hispanic
- Native American
- Other

MAILING ADDRESS

Address: _____ City: _____ State: _____ Zip: _____

PERMANENT ADDRESS (If different from Mailing Address)

Address: _____ City: _____ State: _____ Zip: _____

County: _____

I WOULD LIKE TO RECEIVE LIBRARY NOTIFICATION BY EMAIL

Email address _____

SIGNATURE OF PARENT/GUARDIAN FOR PERSONS 12 YEARS OF AGE AND UNDER

- I have received a copy of the Library's Welcome brochure and the Parents Brochure.
- I agree to be responsible for all materials borrowed, and for all charges incurred for any overdue, lost, or damaged materials borrowed with this card.
- **I agree to notify the Library of changes in address, telephone number, and name, or if this card is lost or stolen.**

Signature: _____ Date: _____

PLEASE PRINT PARENT OR LEGAL GUARDIAN'S NAME:

Last Name: _____ First Name: _____ MI: _____

I would like my child to have Internet Access at the library Yes No

Identification: Proof of current address is required. (ID of parent or guardian if applicant is 12 or under)

Type of ID: California Driver's License California ID Other

ID Number _____