



**(Youth) Library Card Application**  
(TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN)

(STAFF USE ONLY)

DATE: \_\_\_\_\_

CARD No.: \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_

**Minor child's Information:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

PIN (4-digits): \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. or Lot #: \_\_\_\_\_

City or Township: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**ACCOUNT PREFERENCES**

- ◆ I wish to receive **Checkout Receipts** via:     Email    Text    Both    NONE
- ◆ I wish to receive **Account Notifications** via:    Email    Text (Wireless Carrier) \_\_\_\_\_
- ◆ I would like my child's **Reading History** to be retained:    YES    NO
- ◆ I would like to receive the library's newsletter via email:     YES    NO
- ◆ I authorize \_\_\_\_\_ **to discuss this account on my behalf.**  
(The person listed above has permission to pick up my child's library materials when I am unable to do so)

**PLEASE READ:**

By signing this application, I hereby acknowledge that **I am the parent or legal guardian** of the minor child named above and agree to be held responsible for this account until the child turns 18 years of age. I agree to return materials in good condition and pay any/all fees billed to this library account. By providing a PIN, I am permitting my child to have unfiltered internet access and agree to monitor their internet activity while in the library. It is my responsibility to notify the library when my contact information has changed and to report this library card as lost or stolen. Library cards are non-transferable.

**Name (Printed):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Driver's License:** \_\_\_\_\_ **Signature:** \_\_\_\_\_