ROSEVILLE PUBLIC
LIBRARY

(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 ☐ NONE
- I wish to receive **Account Notifications** via: ☐ Email ☐ Text
- 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.

Parent/Legal Guardian's Name: _____ **Date of Birth:** _____

Driver's License: _____ **Signature:** _____