



YOUTH PATRON REGISTRATION FORM

*****PARENT/GUARDIAN*****

*****PHOTO IDENTIFICATION IS REQUIRED*****

PLEASE PRINT CLEARLY

DATE _____

APPLICANT NAME (NAME OF CARDHOLDER)

LAST _____ FIRST _____ MI _____

STREET ADDRESS _____

MAILING ADDRESS (if different from above) _____

CITY _____ STATE _____ ZIP CODE _____

CHILD IS A RESIDENT OF _____ (City, Town or Village)

CHILD'S DATE OF BIRTH ____/____/____

PHONE: Home (____) _____ - _____ Cell (____) _____ - _____ Work (____) _____ - _____

EMAIL (PARENT/GUARDIAN) _____

NOTIFICATION OPTIONS: How would you like to receive due dates, overdue notices and request notices?

I would like to receive notices by **email**.

I would like to receive notices by **text message** (can be in addition to email or phone).

Cell Phone Number (if different) (____) _____ - _____ CARRIER (Required) _____

I would like to receive notices by **phone**. Which number? Home Cell Work

Would you like to receive the **Library Newsletter** by email? YES

PARENT/GUARDIAN NAME _____ RELATIONSHIP TO CHILD: _____

PHOTO IDENTIFICATION: DRIVER'S LICENSE/ID # _____ STATE _____

OTHER PHOTO IDENTIFICATION TYPE AND # _____

Yes, I accept responsibility for items checked out on my child's library card.

SIGNATURE _____ DATE ____/____/____

For use by library staff only

Checked for Duplicate Record by Last, First Name _____ (staff initials)

Patron ID Verified _____ (staff initials)

Library Card # _____ (staff initials)

Registration Verification

Date _____

_____ (staff initials)