



YOUTH REGISTRATION FORM

PARENT/GUARDIAN PHOTO
IDENTIFICATION IS REQUIRED

PLEASE PRINT CLEARLY

DATE _____

APPLICANT NAME (Name of Cardholder)

LAST _____ FIRST _____ MI _____

MAILING ADDRESS: _____

STREET ADDRESS, if different from above _____

CITY _____ STATE _____ ZIP CODE _____

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

CHILD'S Date of Birth _____

PHONE: Home _____

EMAIL(PARENT/GUARDIAN): _____

NOTIFICATION OPTIONS: How you will receive almost due notices, requests notices:

- Yes I would like to receive notices by email
- Yes I would like to receive text messaging (in addition to email or phone message)
Cell phone number is required _____ Carrier _____
- Yes I would like to receive the library e-newsletter

Parent/Guardian Name _____

Relationship to child _____

PHOTO IDENTIFICATION(PARENT/GUARDIAN):

Driver's License: License# _____ 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 Name, First Name _____ (staff initials)
◆ ID Verified _____ (staff initials)
◆ Library Card # _____ Staff Initials _____
◆◆◆◆◆

Date Registration verified/ initials: _____



PATRON REGISTRATION FORM

PHOTO IDENTIFICATION IS REQUIRED

PLEASE PRINT CLEARLY

DATE _____

APPLICANT NAME (Name of Cardholder)

LAST _____ FIRST _____ MI _____

MAILING ADDRESS: _____

STREET ADDRESS, if different from above _____

CITY _____ STATE _____ ZIP CODE _____

I AM A RESIDENT OF _____ (City, Town or Village)

Phone: Home _____ Work _____ Cell _____

EMAIL: _____

NOTIFICATION OPTIONS: How you will receive almost due notices, requests notices:

- Yes I would like to receive notices by email
- Yes I would like to receive text messaging (in addition to email or phone message)
Cell phone number is required _____ Carrier _____
- Yes I would like to receive the library e-newsletter

PHOTO IDENTIFICATION: Driver's License: License# _____ State _____

Other photo identification type and # _____

Date of Birth _____

- Yes, I accept responsibility for items checked out on my library card.

Signature _____ Date _____



◆ For use by Library Staff Only:
◆ Checked for Duplicate Record by Last Name, First Name _____ (staff initials)
◆ ID Verified _____ (staff initials)

◆ Library Card # _____ Staff Initials _____



Date Registration verified/ initials: _____