



# PATRON REGISTRATION FORM (YOUTH)

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

PLEASE PRINT CLEARLY

DATE \_\_\_\_\_

PHOTO IDENTIFICATION: PARENT'S DRIVER'S LICENSE/ID # \_\_\_\_\_ STATE \_\_\_\_\_

OTHER PHOTO IDENTIFICATION TYPE AND # \_\_\_\_\_

CHILD'S NAME: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ PARENT'S NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS (if different from above) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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

**PHONE:** (please give at least one)

(\_\_\_\_)\_\_\_\_-\_\_\_\_ CARRIER\*: \_\_\_\_\_

(\_\_\_\_)\_\_\_\_-\_\_\_\_ CARRIER\*: \_\_\_\_\_

(\_\_\_\_)\_\_\_\_-\_\_\_\_ CARRIER\*: \_\_\_\_\_

\*Carrier required for Text notifications

EMAIL \_\_\_\_\_

Would you like to receive **Checkout Receipts** by email?  YES

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

**(OPTIONAL) I give my child permission to check out children's DVDs on their card.**

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

ADULT 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)