

Attention teachers:

Completed registration forms should be returned to the library at least two weeks prior to class visit so library cards can be issued in time. Thank you!

CHILDREN'S REGISTRATION FORM PARENT OR GUARDIAN MUST FILL OUT ALL INFORMATION

SCHOOL ATTENDING:		TEACHER'S NAME:	IF CHILD ALREADY HAS CARD, PLEASE PROVIDE NUMBER:
GRADE:			
Child's name (printed)	Last:	First:	Middle Initial:
Child's birthdate	Month:	Date:	Year:
Address	Street Number:	City:	Zip Code:
Telephone Number	Primary:	Other:	
Email address of parent or guardian	,		
Parent or guardian's name (printed)	Last:	First:	Middle Initial:
		PLEASE READ CAREFULLY AND SIG	SN BELOW:
library does not act in the place or rol	e of parents. I agree to abide b		ne library may include materials that I personally deem inappropriate and that the fees for overdue, lost, stolen, or damaged materials borrowed using my card/my information I have given changes.
Signature of parent/guardian			Date