PGTPL Class Set Library Card Application

Parents: Complete this form and return it to your child's school.

PGTPL staff will create and/or update your child's library card and send it home via your child's teacher.

Library Staff: route to the children's room for processing

School Attending	Teacher's Name	Grade	-	d has a library card, provide number t sure, leave blank
Child's Legal Name	First	M	iddle Initial	Last
Child's Preferred Name (optional)		Cl	hild's Birthdate	YY/MM/DD
Address				
City		ZI	Р	
Phone Number (can list multiple)				
Email Address (can list multiple)				
Parent/Guardian Name (printed)	First and Last			
	•	Please Read Ca	refully And Sign	Below:

By signing, I accept responsibility for all materials borrowed on my library card/my child's card. I understand that the library may include materials that I personally deem inappropriate and that the library does not act in the place or role of parents. I agree to abide by the library's policies and to pay all fines and fees for overdue, lost, stolen, or damaged materials borrowed using my card/my child's card. I agree to notify the library immediately if my card/my child's card is lost or stolen, or when any of the information I have given changes.

Parent/Guardian Signature:	Da	Date:

