Bklyn Public Library

Child
Library Card Application *(Ages 12 & under)*

Date:_____

Instructions: Complete both parts of this application. A parent or legal guardian is responsible for materials checked out on his or her child's card and must sign this application.

Part 1 (To be completed by child or parent/guardian.) **Please Print.** Enter only one letter or number in each box.

Child's Name and Mailing Address

Last Name

First Name | Middle Initial | Date of Birth (Month/Day/Year)

Street Address | Apt. #

Borough or City | State | Zip Code

Area Code — Telephone Number — | Male | Female | (Optional)

Email Address

Home Address (if different from above)

Street Address | Apt. #

City | State | Zip Code

Part 2 (To be completed by parent/guardian.)

Parent/Guardian: Please print your name, check box A or B and then sign your name.

Last Name

First Name | Middle Name or Initial

A. My child may borrow adult as well as children's materials.

B. My child may borrow children's materials only.

Parent/Guardian is responsible for materials checked out on child's card.

_____
Parent/Guardian Signature

This section for staff use only

NEW: ☐ LOST/REPL.: ☐ TRANSFER: ☐ PTYPE: ☐ EXP. DATE: ☐☐/☐☐/☐☐ Complete: _____
Staff Initials

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