



# CHILDREN'S LIBRARY CARD APPLICATION

For children, **ages 5 to 12**. If you have a disability, you may ask for an Extended Services form.

By signing this form, I acknowledge that:

- The library may only give the card to my child. Only my child may use his or her card.
- The library allows my child to use any materials, from any section. The library cannot limit the types of books or movies my child checks out, even if I ask.
- My child's library record (like mine) is private by law. The library cannot tell me what my child has checked out, except when a fine is owed.
- Some materials have fines if they are returned late, and all lost or damaged materials have fines. I am responsible for any fines on my child's record.
- My child can use computers at the library for up to one hour per day. The library does not limit what children can look at, and does not supervise children on the computer.
- If my child is younger than eight years old, he or she must be closely supervised by a parent or responsible caregiver, and may not be left unattended in the library.

**PARENT/LEGAL GUARDIAN SIGNATURE** (Required) \_\_\_\_\_ **DATE** \_\_\_\_\_

Parent/Legal Guardian's Name (Please print) \_\_\_\_\_

Parent/Legal Guardian's CA Driver's License/ID No. \_\_\_\_\_

I agree to follow all library rules.

**CHILD'S SIGNATURE** \_\_\_\_\_

**CHILD'S NAME** \_\_\_\_\_  
Last First Middle Initial

**HOME ADDRESS** \_\_\_\_\_  
Street Apt. Number

City State Zip Code

**TELEPHONE** (\_\_\_\_) \_\_\_\_\_ **BIRTH DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**SCHOOL** \_\_\_\_\_ **EMAIL ADDRESS** \_\_\_\_\_

**MAILING ADDRESS** (if different from above) \_\_\_\_\_  
Street Apt. Number

City State Zip Code

If you prefer to read in a language other than English, please tell us what language \_\_\_\_\_

FOR OFFICE USE ONLY:

Barcode 22141 Staff Initials \_\_\_\_\_ Date \_\_\_\_\_