

Are you applying for a *Library Card* for your child/children?

Name of minor #1: _____ Birthday: ____/____/____ Record ID#:_____	
Notification Options: <input type="checkbox"/> Text Message <input type="checkbox"/> E-mail Address <input type="checkbox"/> Phone <input type="checkbox"/> Check here if you wish to receive text message in addition to e-mail, or phone message. <div style="text-align: center;">Text</div> Phone: _____ <input type="checkbox"/> Carrier: _____ <input type="checkbox"/> Same as Parents (Complete only if Text is selected above)	<p style="text-align: center;">Maintain Reading History?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">(If checked “yes,” this info may be accessed by law enforcement personnel without your consent.)</p>
May others pickup holds for you? Yes No 1. _____ If yes, please list up to two names 2. _____	<p style="text-align: center;">Internet Access:</p> <p style="text-align: center;"><input type="checkbox"/> Full (Partially Filtered) <input type="checkbox"/> Filtered <input type="checkbox"/> No Internet</p> Password: _____
Email _____ Signature: _____	

Name of minor #2: _____	Birthday: ____ / ____ / ____	Record ID#: _____
Notification Options: <input type="checkbox"/> Text Message <input type="checkbox"/> E-mail Address <input type="checkbox"/> Phone <input type="checkbox"/> Check here if you wish to receive text message in addition to e-mail, or phone message. <div style="text-align: center; margin-left: 150px;">Text</div> Phone: _____ <input type="checkbox"/> Carrier: _____ <input type="checkbox"/> Same as Parents (Complete only if Text is selected above)		
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="text-align: center;">Maintain Reading History?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If checked “yes,” this info may be accessed by law enforcement personnel without your consent.)</p> </div>		
May others pickup holds for you? Yes No 1. _____ If yes, please list up to two names 2. _____		
Email _____ Signature: _____		
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="text-align: center;">Internet Access:</p> <p style="text-align: center;"><input type="checkbox"/> Full (Partially Filtered) <input type="checkbox"/> Filtered <input type="checkbox"/> No Internet</p> <p>Password: _____</p> </div>		

Name of minor #3: _____ Birthday: ____/____/____ Record ID#:_____	
<p>Notification Options: <input type="checkbox"/> Text Message <input type="checkbox"/> E-mail Address <input type="checkbox"/> Phone</p> <input type="checkbox"/> Check here if you wish to receive text message in addition to e-mail, or phone message. <p style="text-align: center;">Text</p> <p>Phone: _____<input type="checkbox"/> Carrier: _____ <input type="checkbox"/> Same as Parents</p> <p>(Complete only if Text is selected above)</p>	<p style="text-align: center;">Maintain Reading History?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">(If checked “yes,” this info may be accessed by law enforcement personnel without your consent.)</p>
<p>May others pickup holds for you? Yes No 1. _____</p> <p>If yes, please list up to two names 2. _____</p>	
<p>Email _____</p>	<p style="text-align: center;">Internet Access:</p> <p style="text-align: center;"><input type="checkbox"/> Full (Partially Filtered) <input type="checkbox"/> Filtered</p> <p style="text-align: center;"><input type="checkbox"/> No Internet</p> <p>Password: _____</p>
<p>Signature: _____</p>	