

GRAY PUBLIC LIBRARY

JUVENILE ACCOUNT REGISTRATION

Last Name (please print) First Name (please print) Middle Initial

Parent Information:

Last Name (please print) First Name (please print) Middle Initial

Mailing address State Zip Code

Physical address (if different from above) State Zip Code

Primary Telephone # Secondary Telephone #

Email address Date of Birth

When the library notifies me, I prefer: phone email (please circle one)

I AGREE TO USE LIBRARY MATERIALS RESPONSIBLY, TO TAKE GOOD CARE OF ALL THINGS THAT I BORROW, AND TO BRING THEM BACK ON TIME:

Signature of child Date

I AM THE LEGALLY RESPONSIBLE GUARDIAN OF THE CHILD LISTED ABOVE. BY ACCEPTING THIS LIBRARY CARD I AM AGREEING TO BE RESPONSIBLE FOR ALL CHARGES INCURRED AND TO ABIDE BY ALL LIBRARY RULES.

Parent / Legal Guardian Signature Date

STAFF USE ONLY

ID: _____

Entered by: _____ Verified by: _____

Card #: 24039 _____