APPLICATION FOR CHILD/TEEN LIBRARY CARD

Parent, guardian, or adult with selection and financial responsibility must present valid photo identification with name and current residential address, such as a driver’s license, voter’s registration, or current bill.

PLEASE PRINT
Child/Teen’s Name
   ____________________________        ____________________________        ____________________________
   First            Middle Initial          Last
Adult’s Name
   ____________________________        ____________________________        ____________________________
   First            Middle Initial          Last

ADDRESS 1 (ADULT’S ADDRESS)

Address
   ____________________________
Line 2
   ____________________________
City
   ____________________________        State _____
Zip Code
   ____________________________        Phone ____________________________
Adult’s Email
   ____________________________

AGE GROUP
☐ CHILD (BIRTH–11)          ☐ TEEN (12–17)

How would you like to be contacted about items you have requested or other account notifications?
(CHECK ONE)    ☐ EMAIL          ☐ PHONE

To enroll in text message notification, please visit our website or mobile app.

PIN (4–10 numbers): ____________________________

I allow this child/teen to check out:
☐ Only DVDS and streaming videos from the Children’s Collection.
☐ All DVDs and streaming videos.

ADDRESS 2 (CHILD’S ADDRESS, IF DIFFERENT FROM ABOVE)

Address
   ____________________________
Line 2
   ____________________________
City
   ____________________________        State _____
Zip Code
   ____________________________        Phone ____________________________

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

X ____________________________
   Signature of Child/Teen (optional)

I ACCEPT RESPONSIBILITY FOR FEES INCURRED, LOST OR DAMAGED MATERIALS, AND THE SELECTION OF LIBRARY MATERIALS, AND ACCESS TO THE INTERNET AND OTHER RESOURCES MADE BY THE ABOVE CHILD/TEEN.

X ____________________________
   Signature of Parent, Guardian, or Adult Responsible for Child/Teen

Note: Under Florida law, email addresses stored in your library account cannot be shared, distributed or sold to third parties, so your information is safe with us!

Staff Use Only   Profile   Staff Initials

In accordance with the provisions of ADA, this document may be requested in an alternate format.