I.D. #

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.**

(CHECK ONE) ☐ **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.