APPLICATION FOR CHILD or TEEN LIBRARY CARD

A 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. If you are unable to provide the requested documentation, please speak to a staff member for options.

PLEASE PRINT

Child/Teen’s Legal Name: ________________________________

First Middle Last

Child/Teen’s Preferred Name: ________________________________

A first name different from your legal name you prefer we use.

Child/Teen’s Date of Birth (MM/DD/Year): ____/____/_____

PIN (4-16 characters) ________________________________

Adult’s Legal Name: ________________________________

First Middle Last

ADDRESS 1 (ADULT’S ADDRESS)

Address: __________________________________________

Line 2: __________________________________________

City: ___________________________ State: _____ Zip Code: ________________

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

Address: __________________________________________

Line 2: __________________________________________

City: ___________________________ State: _____ Zip Code: ________________

How would you like to be contacted about items you have requested or other notifications?
(check one) EMAIL PHONE TEXT MESSAGE

Phone: ___________________________ Cell Phone: ___________________________

Required for text message notifications.

Adult’s Email: ________________________________

Form continues on reverse →
I allow this child/teen to check out: (Check One)
☐ Only DVDs and streaming videos from the Children’s Collection.
☐ All DVDs and streaming videos.

OPTIONAL: As the parent/guardian, you can add an authorized user to access your child/teen’s account to pay fees, check out and renew materials, and access account information.

Authorized User’s Legal Name: 

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 or Teen

I ACCEPT RESPONSIBILITY FOR THE SELECTION AND ACCESS OF MATERIALS AND RESOURCES, PHYSICAL AND ELECTRONIC, MADE BY THE CARDHOLDER OR ANY AUTHORIZED USER AND FINANCIAL RESPONSIBILITY FOR ANY CHARGES INCURRED.

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 the ADA, this document may be requested in an alternate format.