

KIRBY FREE LIBRARY, SALISBURY CENTER
Application for Library Card - Youth

A library card confers privileges and carries responsibilities. Your application shows that you want the privileges and accept the responsibilities. **Responsibility for any supervision of your reading and your use of all the Library's resources in any format, including Internet access, belongs to your parent(s) or legal guardian(s).** The card is your identification and is not transferable. Library records which contain names or other details about library users are confidential under NYS law.

**PLEASE PRINT
NAME**

Last name: _____, First name: _____ MI: _____
(include jr or sr, if used) (full middle name, if used)

MAILING ADDRESS (1)

Care of (the adult you live with): _____

street: _____

city/state: _____ zip code: _____

home phone: _____ other phone (cell, second home phone): _____

e-mail (optional): _____

school: : _____ Birth date: _____ / _____ / _____
(month) (day) (year)

PARENT/GUARDIAN NAME AND/OR ADDRESS (3) (If different than the above care of and address):

last name: _____, first name: _____ MI: _____
(include jr or sr, if used) (full middle name, if used)

street: _____

city/state: _____ zip code: _____

home phone: _____ other phone (cell, second home phone): _____

use for (specify season, months or other time period): _____

PLEASE READ CAREFULLY AND SIGN (Parent/Legal Guardian please read both paragraphs)

I agree to observe all rules established by the library, including, but not limited to, its Rules of Conduct and Internet Access Policy. I will be responsible for all materials borrowed on my card. I agree to pay fines or other charges imposed for late return, loss or mutilation of library materials. I will notify the library if my card is lost, or if I change my name or address.

Youth Applicant's Signature _____

As parent or legal guardian, I understand that responsibility for supervision of my child's selection of materials and use of all the library's resources in any format, including the Internet, belongs to me, not to the library staff.

Parent's or Legal Guardian's Signature _____

TO BE COMPLETED BY STAFF: CARD NUMBER: _____

Basic library: _____ profile name: _____	Privilege PIN: _____ change to the last 4 digits of primary mailing address home phone; inform customer.	Demographic Tax Code: _____ County: _____ Qualifier: _____	Type of registration: ___ new ___ re-registration ___ change name/address ___ worn, lost, stolen card ___ other: _____
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Library: _____ Staff: _____ Date: _____