checked by

Juvenile Library Card Application

Barcode: _____ **Staff Initials:** _____

Child's Information

Last Name: _____ Birth Date: _____

First Name: _____

Middle Name: _____ Child ID State and Number (if applicable):

Preferred Name: _____ _____ # _____

Guardian's Information

Name: _____

ID State and Number: _____ # _____

STAFF: If guardian has card, did you link applicants? _____

Address

Street Address: _____ City: _____

County of Residence: _____ Zip Code: _____

Contact Information (two forms of contact required)

Child's Phone (if desired): _____

Guardian's Mobile Phone: _____

Home or Work Phone: _____

Child's Email (if desired): _____

Email: _____

Notifications

Notifications will be sent when:

- Items are due
- Items have been overdue for 5 days
- Reserve pickup
- Watch term triggered

If email is preferred, how many days in advance? _____

☐ Check here to opt out of all notifications

Contact Preference (circle one):

Email Text Home Phone Mobile Phone Work Phone

Responsibility Agreement

I, the undersigned, am responsible for material checked out on my child's card. I agree to obey all the rules and regulations of the public library, to promptly pay all fines charged for the damage or loss of a borrowed item, and to give immediate notice of a change of contact information and/or address. I acknowledge that failure to return materials and/or pay fines may result in legal ramifications.

_____ _____

Signature of Guardian Date

Please Read Carefully

Parental Consent Required for Adult-themed Materials

Some materials available in our libraries may contain adult-themed content that includes sexual conduct, nudity and excess violence that some may consider patently offensive, obscene and harmful to minors. The Anderson County Library Board and staff strongly recommend that parents and guardians review materials prior to allowing minors under their supervision to view or check-out these materials. If you decide not to sign this acknowledgement, you will be required to be present and provide consent in order for your minor child to view adult-themed materials.

I have read the foregoing and I am giving my express consent for my minor child to access these materials

_____ _____

Signature of Guardian Printed Name of Guardian

STAFF: Add "Child cannot check out without parent present MM/DD/YYYY" to the ALERT field if <u>not</u> signed. Initial here _____

Photo Permission

I, the above applicant, give permission to the public library to use my name and photographic likeness in all forms and media for advertising, trade, and any other lawful purpose. (please check one)

☐ Deny Permission ☐ Give Permission

Title VI Information

The library receives grants and other federal funding which require us to gather statistical information on our users. This information is not tied to your library card.

Current Month:

Are you: (please check one)

- ☐ White
- ☐ Black
- ☐ American Indian/Alaskan Native
- ☐ Hispanic or Latino of any race
- ☐ Native Hawaiian/Pacific Islander
- ☐ Asian
- ☐ Other
- ☐ Two or More Races