

Library Card Application
CHILD



Name (First, Middle, Last): _____

Birth Date: _____ Parent/Guardian: _____

Parent/Guardian Driver's License/State ID: _____

Address: _____

City: _____ ZIP Code: _____

Email: _____

Phone: _____

Cell Phone Provider: _____

Please mark how the library can contact you:

Email Text Phone

PIN Number: _____

An Effingham Public Library Card entitles you to borrow materials from the Effingham Public Library. By using the card, you agree to comply with all rules and regulations of the Effingham Public Library, including the internet rules, and to pay any and all overdue fines and charges for lost, stolen, or damaged items. This also applies to any Interlibrary Loan items. Please report a lost or stolen card and any address changes. **The Effingham Public Library is not responsible for the unauthorized use of the library card.** Failure to comply with the library rules may result in the suspension of borrowing privileges. With my signature as Parent/Guardian, I understand that children have access to all material in the Library, and I accept responsibility for monitoring my child's access to print, media, and electronic formats, including the internet.

Parent/Guardian Signature: _____ Date: _____

Staff Use Only

Searched in system _____ Child Name _____ Parent Name (Associate if possible)

_____ Resident Child _____ Non-Resident Child

Barcode: _____ Address Check/Expiration: _____

Staff Initials: _____ Date _____