GILL MEMORIAL LIBRARY CARD FORM (Child)

Student’s name: ___________________________________ (Please print)

Home address: ___________________________________

City: _______________ Zip code: __________

Home phone number: ______________________

Date of birth: _______________ ___ Male ___ Female

Yes, my child has permission to apply for a library card. I understand it will be my responsibility to see to the return of any materials my child borrows, to pay all fines or damages charged to them, and to give prompt notice of any change in our address or phone number.

___ My child already has a library card.

Parent’s name: _______________________________ (Please print)

Parent’s signature: ___________________________ Date: __________