

**Please check one:**

My child \_\_\_MAY\_\_\_MAY NOT have access to the library's Electronic Media Room. I understand this area includes computers with internet access.

As the parent or guardian, I assume responsibility for the selection, use and return of library materials. I agree to pay all fines or damages charged to this library card.

Parent/Guardian sign full name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_Email\_\_\_\_\_

DL#\_\_\_\_\_

#\_\_\_\_\_

DO NOT WRITE ABOVE THIS LINE

Print full name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_Email\_\_\_\_\_

DOB \_\_\_\_\_

Do you prefer to be contacted via phone or email (check one)

Email\_\_\_\_\_

Phone\_\_\_\_\_