



MARYSVILLE MAIN AND RAYMOND BRANCH LIBRARY CARD APPLICATION YOUTH (AGES 0-17)

(Last Name) (First) (MI)

Address _____ Apt. _____ P.O.Box _____

City _____ State _____ Zip Code _____

County _____ Home Phone (____) _____

E-Mail:* _____ **All notices will be sent to this address if listed.*

Gender: Male Female **Password** _____
(Patron may change Pin online)

Birth Date ____/____/____ **Age** ____

Would you like to keep a reading history list for your account?
(Please note this data may be accessed by law enforcement personnel without your consent.) **Yes** **No**

Township _____
(Union County Only)

School District - Please Circle:
Marysville, North Union, JonAlder,
Fairbanks, Triad, Out of Area

I am responsible for:

1. Providing accurate information on this form & updating the Library when information changes or this card is lost.
2. Presenting this card when checking out materials.
3. All materials borrowed on this card.
4. All fines and charges incurred on this card.
5. Not lending this card to others
6. Parents and guardians are responsible for their youngster's selection of materials and use of the Internet.

Applicant or Parent

Signature _____ **Date** _____

LIBRARY USE ONLY

Barcode ID # 2 0231 _____

Type of Identification _____ ID# _____

ID # Verified by _____ (Staff Initials)

TO BE COMPLETED BY PARENT OR GUARDIAN:

- Must be completed by parent/guardian for those under 18.
- Parent/guardian must show valid ID with current and correct address. New residents may use valid ID and official mail with new address.

Parent Name _____

Address _____ P.O. Box _____

City _____ State _____ Zip _____

Phone (H): (____) _____ (W): (____) _____

Alt. Email: _____

Please choose from the following options for your child. **R-Rated items cannot be checked out on this card.**

- **Patron Code** for DVD access
 - No DVD checkouts –Minor Restricted 1
 - Only (**G-rated**) DVD–Minor Restricted 2
 - Any DVD excluding **R-rated**-Minor Restricted 3
- **Filter Level / Internet Access**
 - YES**, I want my child to have Filtered Internet Access
 - 0-11 Yrs. MPLK
 - 12-17 Yrs. MPLY
 - NO**, I do not want my child to have Internet Access- MPLBL
- **Designee:** (Optional) The following person(s) has permission to have access to my child's Library record:

As a parent/guardian you are responsible for the materials checked out on your child's card and any fines or fees on their card. Parent borrowing privileges are suspended if child's fines exceed \$5.00.

By signing below, I agree that I have read and understand the policies governing the circulation of materials and Internet access for my child.

Parent/Guardian

Signature _____ **Date** _____