

Date: _____

Pickering Public Library Registration Form



All Registration Information is Confidential.

**PLEASE PRINT:
CHILD'S NAME:**

Last Name

First Name

My child's card is lost.

My child already has a card.

Yes, I want to be notified by email for Pre-overdues, Holds and Overdues.

Yes, I want to be notified by email about Library events, announcements and newsletters.

Email Address

MAILING ADDRESS:

Street / Rural Route / Box #

Apt / Unit

City / Town

Postal Code

Area Code

Home / Cell Phone Number

Area Code Business Phone Number

PARENT / GUARDIAN NAME: (if child is under 14 years of age)

First Name

Last Name

All personal information will be collected in accordance with the Library's Privacy Policy.

CLIENTS

Date of Birth: _____ (month/day/year)

If you are **under 14 years of age**, we require your parent's / guardian's signature. I accept responsibility for my child's selections, use and return of library material.

Signature of Parent

Class Visits:

Grade: _____

Teacher's Name

School

For Staff Use Only

new card fees on card waive \$ _____ already have a card _____

Staff Initials: _____

Barcode Number: 23081 _____