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CHILDREN'S LIBRARY CARD APPLICATION

For patrons under 1	8 years old only		
Last Name:			
First Name:	MI:		
Street:	Apt/Lot#		
City:	State:	Zip	
Phone Number:			
Township:	County:		
Birthdate:			
PARENTS OR LEGAL GU	ARDIANS INF	ORMATION	
Name:			
Address (if different than above):			
Library Card #/Driver's Licens Must have a valid current identification	e #:		
Parents Email Address:			
Please keep a history of checke	outs. 🗆		
Please send notifications by: E	mail □ Text Me	essage Paper	
Text Msg Provider:	Receip	ots: Email 🗆 Print 🗆	
VIDEO PRIVILEGES: YES The person named on this application, who movies. I understand that the library will ne ultimately responsible for any debt my min for overdue fines or rental charges due.	o is in my legal care, ha ot restrict movies the m	inor checks out. I realize I am	
I certify that the above information is corre on the library card issued to the person li fines and fees. Responsibility for the choice with the person(s) whose signature appears staff.	sted on this application se of materials borrow	on, including all accumulated ed and websites viewed rests	
Note: Chippewa River District Library system partner libraries. Patron records can be viewed CCoMPSS libraries in accordance with the Mic who is not in good standing at a CCoMPSS part from any branch of the Chippewa River Library	for circulation purposes by higan Library Privacy Act ner library will not be allow	y the library staff of participating t, MCL 397.601, <i>et seq</i> . A patron wed to check out library materials	
SIGNATURE OF RESPONSI	BLE PARTY		
	D A	ATE:	

CHILDREN'S LIBRARY CARD APPLICATION

For naturns under 18 years old only

Last Name:		
	MI:Apt/Lot#	
Street:		
City:	State:	Zip
Phone Number:		
Township:	County:	
Birthdate:		
PARENTS OR LEGAL G	UARDIANS INF	ORMATION
Name:		
Address (if different than above):		
Library Card #/Driver's Lices Must have a valid current identification	nse #:	
Parents Email Address:		
Please keep a history of check	kouts. □	
Please send notifications by:	Email □ Text Me	essage Paper
Text Msg Provider:	Receip	ots: Email □ Print □
VIDEO PRIVILEGES: YE The person named on this application, w movies. I understand that the library will ultimately responsible for any debt my r for overdue fines or rental charges due.	ho is in my legal care, ha not restrict movies the m	inor checks out. I realize I am
I certify that the above information is coron the library card issued to the person fines and fees. Responsibility for the chwith the person(s) whose signature appearance.	listed on this application oice of materials borrow	on, including all accumulated ed and websites viewed rests
Note: Chippewa River District Library syster partner libraries. Patron records can be viewe CCoMPSS libraries in accordance with the N who is not in good standing at a CCoMPSS partner any branch of the Chippewa River Library.	ed for circulation purposes by Michigan Library Privacy Act artner library will not be allow	y the library staff of participating t, MCL 397.601, et seq. A patror wed to check out library materials
SIGNATURE OF RESPONS	IBLE PARTY	
	D A	ATE:

LAST NAME:

Library Use Only:	Library Use Only:	
Patron Type: Adult Juvenile Teacher Staff	Patron Type: □ Adult □ Juvenile □ Teacher □ Staff	
Residence: In District Out District	Residence: In District Out District	
Staff Initials:	Staff Initials:	