



CLEVELAND PUBLIC LIBRARY

CHILDREN'S LIBRARY CARD APPLICATION (AGES BIRTH THROUGH 17 YEARS)

*HIGHLIGHTED FIELDS ARE REQUIRED - PLEASE PRINT

APPLICANT INFORMATION

Form with fields for Last Name, First Name, Middle, Mailing Address, Apt. #, City, State, Zip, Residence Address, Telephone, School, Birth Date, Email address.

CPL NEWSLETTER

I would like to receive the CPL newsletter via email (circle one) Yes No

SIGNATURES

I agree to observe all rules established by the Library, and will be responsible for all materials borrowed on my card. I will notify the Library immediately if my library card is lost or stolen.

*Child's Signature

*Date

I understand that I am accepting financial responsibility for the cost of materials borrowed with this card. I understand that to allow DVD checkout on this card, I must be present in the Library with the child at the time this application is submitted. I understand that only personal information that is required to obtain a library card is being collected and that such information is accessible by all CLEVNET member libraries

*Parental (or other adult accepting financial responsibility) permission to borrow DVDs

Yes

No

*Parent/Adult Signature

*Date

*Parent/Adult name (please print)

*STAFF USE ONLY

Applications should be reviewed for accuracy by a separate staff member at the registering branch. Reviewed application should be sent to the Lending Dept. (Main Library) within one week of registration.

Profile (circle one): JV (DVD-YES) JV-NV (DVD-NO)

Hold/Courtesy/Overdue Notification (User Cat 2) Email Phone Text Mail (paper)

Bill Notification (User Cat 3) Email Mail (paper)

Driver's Lic./State ID# (Group ID): Staff: Branch:

Library Card ID# 28074 Reviewed by: