CLEVELAND PUBLIC LIBRARY

Date: _____

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

PLEASE PRINT

CHILD'S NAME

Last Name	First Name	Middle
Home Address		Apt. #
City	State	Zip
Mailing Address		Apt. #
City	State	Zip
Telephone	School	
Birth Date _____ Month Date Year	Email address	

COMMUNICATION FROM CPL

I would like to receive notices from the library by (Circle one) Email Phone Text Mail

Would you like to receive policy updates and news from the Library via email? 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 _____

As a parent/legal guardian, I understand that I am accepting financial responsibility for the cost of materials borrowed by my child. I understand that to allow DVD checkout for my child I must be present in the Library with the child at the time of application. I understand that the Library is only collecting personal information about my child that is required to obtain a library card and that such information is accessible by all CLEVNET member libraries.

Parental permission to borrow DVDs (Circle One) Yes No

Parent/Legal Guardian signature _____

Parent/Legal Guardian name (please print) _____

Parent/Legal Guardian OH Driver's License/State ID Number

PLEASE DO NOT WRITE BELOW THIS LINE

Profile: JV (DVD-YES) JV-NV (DVD-NO) Agency: _____

ID# 28074 _____ Staff: _____