

(4) Children's Library Card Application

Complete this form to get a free Library card for a child under 13. Parent/guardian signature is required.

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	Child's I	nformation	
Child's Last Name:	First Name:		_ Middle Name:
Home Address:			_ Apt Number:
Child's City/State:			Zip Code:
Email Address:			Phone Number:
(please use How do you want to be By email TeleCirc	Please che numbers) month / day / year e notified about your account? (The Library's Telephone Notification States of the control of the cont	(to System)	rotect the security of your Library account) (Optional) Preferred Language: Simplified Chinese Spanish Somali Vietnamese
Parent/Gua	rdian Information (Fill in contact in	nformation ONLY if	it is not the same as your child's)
Last Name:	First Name:		Middle Name:
Home Address:			Apt Number:
City/State:			Zip Code:
Email Address:			Phone Number:
(please us	Would you like to receive periodic emails with Library news, special events and activities from the Library and the Foundation? (use email address above) Yes No		
the information on this forr (Please check box)	m is correct. I give permission for you to]	o contact me by phor	all charges associated with its use. I verify that ne and email about my child's Library account.
			e for monitoring the reading, listening, and tact us at Borrower Services at 206-386-4190.
Parent/Guardian Signature	e:	Date:	please use numbers) month / day / year
			please use numbers) month / day / year
		use only	
Barcode:		Borrow	er Number: