PAT-02 APPENDIX A: GRAVENHURST PUBLIC LIBRARY CHILD/YOUTH CARD REGISTRATION

LAST NAME OF CHILD: _____

FIRST NAME OF CHILD: _____

MAILING ADDRESS: _____

_____

_____

PARENT'S EMAIL ADDRESS: _____

CHILD'S BIRTH DATE: _____

PARENT'S PHONE NUMBER: _____

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As parent/guardian of this child, I understand that children may have access to all library materials, & I accept responsibility for my child's selection, use & return of all materials. I also accept responsibility for all fines, damaged & lost items.

PARENT/GUARDIAN NAME: _____
(Please print)

SIGNATURE: _____

PLEASE CHECK BELOW, IF TRUE:

____ Yes, our family would like to receive GPL's monthly e-newsletter

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PLEASE CHECK ONE:

____ This is my child's first application for a card at GPL.

____ My child already has a library card at GPL.

____ My child's GPL library card has been lost.