



Children's Registration Form

All information will be treated as confidential

Please Print

Last name _____ First _____ Middle _____

Date of Birth _____
Month Day Year

Mail Address: Street _____ Apt # _____
City _____ State _____ Zip _____

Alternate Address: Street _____ Apt # _____
City _____ State _____ Zip _____

Home Phone (#1) _____ - _____ - _____ Parent Work/Cell Phone (#2) _____ - _____ - _____

Email Address _____

School _____ Grade _____

Best way to contact about holds and overdue items (**circle one**): Email Phone 1 Phone 2

I agree to abide by all library laws and regulations when borrowing materials from the library. I agree to return all items borrowed in good condition and on time. I also agree to tell the library promptly if my home address or telephone number change or if my card is lost or stolen.

Parent/Guardian name, printed _____

I give permission for my child _____ to borrow materials from Providence Public Library. I will be responsible for the prompt return of all items borrowed and pay for any overdue fines, damages or losses incurred while the materials are on loan to my child.

Parent/Guardian Signature _____ **Date** _____

For library use only

Barcode _____ Ptype _____ Expiration Date _____

ID (License) _____ School/Organization _____

P/Codes: Age _____ Ward _____ Residence _____

Message _____

Notes _____

Circle One: NEW INFO CHANGE LOST CARD OUT-OF-STATE = \$25.

Checkouts: 3 weeks _____ / _____ / _____ / _____

1 week _____

Staff Initials _____ Check By _____ Date _____ Check By _____ Date _____