

Cahokia Public Library District

Juvenile Registration Form

PRINT THE FOLLOWING:

CHILD'S LEGAL NAME: _____

ADDRESS: _____

PRIMARY PHONE NUMBER : _____ DATE OF BIRTH: __/__/____

PARENT/GUARDIAN NAME: _____

RELATIONSHIP TO CHILD: _____

GUARDIAN PHONE (IF DIFFERENT FROM PRIMARY) _____

COMPUTER USE/INTERNET PERMISSION: YES _____ NO _____

I understand that I am responsible for all use of my library card. I agree to comply with all rules and regulations of the Cahokia Public Library District, to pay promptly all fines for overdue, damaged, or lost materials, and to give immediate notice of any change of address. I understand that library theft can be a felony. I also understand that the Internet-access computers are not located in private rooms, and I waive any confidentiality or privacy arising out of or involving use of the Internet through the Library. As the parent or legal guardian of the child named above, I acknowledge that I am responsible for any materials or damages my child may incur. Furthermore, I understand that financial responsibility does not include access to know what items my child has checked out.

CHILD SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE __/__/____

Staff Use Only

Date: __/__/____

Staff Initials: _____

New Patron

Change of Address

Patron Associations:

ID: _____

Internet Okay: Y __ N __