

CHESTER COUNTY LIBRARY SYSTEM LIBRARY

MINOR'S CARD APPLICATION

Cardholder Information

Last Name _____ First Name _____ MI _____

Address _____ Apt _____

City _____ State _____ Zip _____

Municipality _____

E-mail _____

Home Phone _____ Mobile / Text & Carrier _____

Paperless library notices (Holds availability, Courtesy reminders, Overdues, etc) preference:

E-mail Phone Text (standard text messaging rates apply)

Date of Birth ____/____/____ Gender (circle one) Male Female

Parent/Guardian Information required for applicants under 18 years of age

Valid ID Required (name & current address)

Last Name _____ First Name _____ MI _____

Address _____ Apt _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date of Birth ____/____/____ Gender (circle one) Male Female

Relationship to applicant _____

I accept full responsibility for the proper care and safe return of materials borrowed, and for payment of all charges incurred on this account, and I agree to abide by the regulations and procedures of the borrower's agreement, as stated in the CCLS Borrowing Policy. Specifically, I agree to be financially responsible for this minor cardholder's use of his/her card and to pay any charges incurred thereon. (Required)

I understand that the minor applicant remains the primary account cardholder and retains Use of Library Materials and Confidentiality rights as described in the CCLS Borrowing Policy and the PA Public Library Code. (Required)

I understand that libraries and their employees do not act on behalf of parents/legal guardians or monitor, control or restrict what a minor child selects for reading, listening, viewing and checking out when a parent/legal guardian is not present and I agree to the regulations and procedures of the borrower's agreement, as stated in the CCLS Borrowing Policy, for this account. (Required)

Signature _____ Date ____/____/____

ID: Driver's License Mail/Bill Other _____

Parent/Guardian not present; exception granted by Director or designee only

Library _____ Director or designee _____

Staff Use Only

New Card Update Account Information

Library Card Barcode Number _____ .p# _____

Staff Initials _____ Library _____

