Brooklyn Public Library

Children's Library Card Application

(Ages 12 & under)

Date:_____

Instructions:
Complete Parts 1 and 2 of this application. A parent or legal guardian is responsible for materials checked out on his or her child's card and must sign this application.

Part 1 (to be completed by child or parent/guardian)

Please Print. Enter only one letter or number in each box.

Child's Name and Mailing Address

Last Name

First Name | Middle Name or Initial | Date of Birth (Month/Day/Year)

Street Address | Apt. #

Borough or City | State | Zip Code

Area Code | Telephone Number | ☐ Male ☐ Female

E-mail Address

Home Address (if different from above)

Street Address | Apt. #

Borough or City | State | Zip Code

Part 2 (must be completed by parent/guardian)

Parent/Guardian: Please print your name, check box A or B, and then sign your name.

Last Name

First Name | Middle Name or Initial

☐ A. My child may borrow adult as well as children's materials.

☐ B. My child may borrow children's materials only.

Parent/guardian is responsible for materials checked out on child's card.

_____
(Parent/Guardian Signature)

This Section for Staff Use Only

NEW: ☐
LOST/REPL.: ☐
TRANSFER.: ☐

PTYPE: ☐
EXP. DATE: ☐☐/☐☐/☐☐

Complete:_____
Staff Initials

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