

## GILL MEMORIAL LIBRARY CARD FORM (Child)

Student's name: \_\_\_\_\_ (Please print)

Home address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Date of birth: \_\_\_\_\_  Male  Female

Yes, my child has permission to apply of a library card. I understand it will be my responsibility to see to the return of any materials my child borrows, to pay all fines or damages charged to them, and to give prompt notice of any change in our address or phone number.

My child already has a library card.

Parent's name: \_\_\_\_\_ (Please print)

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_