Bellingham Public Library

Youth Library Card Application

Name:Last Birthdate: ////////////////////////////////////	First Email Address:	M.I.
Address:		
City:	ZIP:	
Phone:	Cell:	
Receive overdue/hold notices by:	Email Phone Text Msg Wireless Carrier_	
Names of individuals who may pick up held items for child/teen (In addition to parent opening account):		
Names of other adults who are authorized to access or update information for this account:		

Please initial your agreement to each statement below	
	I understand that I am responsible for all materials borrowed on my child's account.
	I understand that I am responsible to promptly pay fines, fees and damages charged to my child's account.
	I understand that my child will be required to comply with all library policies.
	I understand that failure to comply with library policies may result in loss of borrower privileges.
	I understand it is my responsibility to promptly notify the library with any change of address, the loss of this card, or any other account information updates.
	I understand with this library card my child will have access to the internet and will be required to comply with the Internet Use Policy.
	I understand that the Bellingham Public Library (BPL) may occasionally send information about library programs and services. BPL will not share or sell my personal information.

I accept responsibility for the use of this card.

 Printed name of parent/guardian

 Signature of parent/guardian

 Date

 Staff Use Only

 Dup check
 Address verified

 ID verified
 Code
 Staff Class

 Staff Initials
 Staff Initials