

Name: _____
Last First M.I.

Birthdate: _____
MM DD YYYY

Address: _____

City: _____ ZIP: _____

Email Address: _____ Phone: _____

Receive overdue/hold notices by: (Choose one) Email Phone

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 _____ Btype _____ Staff Initials _____ Checked _____