

ROCKINGHAM COUNTY PUBLIC LIBRARY
Group Application for a Child's Library Card

Name _____
Last
First
Middle

Address _____
Street
City
State
Zip code
Township

Telephone number _____

Date of birth _____ Sex _____
Month
Day
Year
Male
Female

Age a() 0-6

b() 7-12

c() 13-17 *Expiration every 3 years—Patron then fills out new*

d() 18-45 *form updating record.*

e() 46-60

f() 61 & over

I apply for the right to use the library and will abide by its rules. I will pay fines or damages charged to my library card. I will give prompt notice of any change of address.

Child's signature

Parent or guardian for children age 15 & under

Teacher's signature

Institution

Phone number

Today's date

STAFF USE ONLY

PZ (BARCODE LABEL) _____
EXDATE _____

ID _____
teacher's signature verifies the information

GENDER _____ AGE _____
TOWNSHIP _____ PTYPE _____
APATID _____
GUARDIAN _____

Staff initials _____ Entered _____
Type of registration: () New
 () Lost card/ re-registration
 () Expired
 () Change of name/address