



# TOWN OF PELHAM PUBLIC LIBRARY

## JUVENILE CARD APPLICATION

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Pelham, NY 10803

Daytime Phone: \_\_\_\_\_ or cell phone: \_\_\_\_\_ **Last 4 digits will be PIN #**

Email is required:

\_\_\_\_\_

Please check your notification preference:

By phone: \_\_\_\_\_ or by text, if cell phone provided: \_\_\_\_\_ For text, add carrier name: \_\_\_\_\_

or by email \_\_\_\_\_

Parent/Guardian First Name PRINTED: \_\_\_\_\_ Last Name PRINTED: \_\_\_\_\_

Would you like to sign up for our monthly newsletter? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

By signing this application, I agree:

I am a resident of Pelham / Pelham Manor

I will be responsible for all materials borrowed by my child

I will notify the library of any change of address or loss of card

I will follow the rules of this library and other libraries in Westchester County

Do Not Write Below This Line

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Library Barcode #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

STAFF Initials: \_\_\_\_\_ DATE: \_\_\_\_\_

ID of parent verified by STAFF: \_\_\_\_\_

