



TOWN OF PELHAM PUBLIC LIBRARY

JUVENILE/TEEN CARD APPLICATION

Child's Name: _____ School: _____

Date of Birth: _____ M ___ F ___

Address: _____ Pelham, NY 10803

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

Email required for preferred notification &/or for newsletter:

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

Library Barcode #: _____

Expiration Date: _____

STAFF Initials: _____ DATE: _____

ID of parent verified by STAFF: _____

