

Albert Lea Public Library
Children's Library Card Application (Ages 3 to 17)

Staff Initials: _____

Date: _____

Parent /guardian must have a card on file or provide a current Minnesota Driver's license or state ID. If the parent/guardian does not have a current photo ID, they must present an expired Driver's license/ID and 1 bill/personal check or voter's registration verifying their current mailing address. **If a parent/guardian has fines/fees of more than \$5.00 the issued card will be limited to 5 CHILDREN'S BOOKS ONLY. Internet access will be granted to the child for school related projects/assignments only.**

Card#: _____

Pin#: _____

PLEASE PRINT

Child's Last Name

First

Middle

Street Address

City

County

State

ZIP

Age: _____

Date of Birth: _____

CHECK PREFERRED METHOD OF CONTACT

Primary Phone

Email

Text Message - Cell# Required

I agree to abide by Library rules, to pay for any loss of or damage to Library materials and to pay for overdue fines accumulated on this card. I understand I am responsible for notifying the Library in case of loss or theft of this card. Failure to do so will result in my being held liable for materials and fines incurred on this card. I also agree to inform the Library of any street address or e-mail changes.

Print Name: _____

Relationship to Child: _____

Driver's License/ID# _____

Date of Birth: _____

Signature: _____

2/2020

Albert Lea Public Library
Children's Library Card Application (Ages 3 to 17)

Staff Initials: _____

Date: _____

Parent /guardian must have a card on file or provide a current Minnesota Driver's license or state ID. If the parent/guardian does not have a current photo ID, they must present an expired Driver's license/ID and 1 bill/personal check or voter's registration verifying their current mailing address. **If a parent/guardian has fines/fees of more than \$5.00 the issued card will be limited to 5 CHILDREN'S BOOKS ONLY. Internet access will be granted to the child for school related projects/assignments only.**

Card#: _____

Pin#: _____

PLEASE PRINT

Child's Last Name

First

Middle

Street Address

City

County

State

ZIP

Age: _____

Date of Birth: _____

CHECK PREFERRED METHOD OF CONTACT

Primary Phone

Email

Text Message - Cell# Required

I agree to abide by Library rules, to pay for any loss of or damage to Library materials and to pay for overdue fines accumulated on this card. I understand I am responsible for notifying the Library in case of loss or theft of this card. Failure to do so will result in my being held liable for materials and fines incurred on this card. I also agree to inform the Library of any street address or e-mail changes.

Print Name: _____

Relationship to Child: _____

Driver's License/ID# _____

Date of Birth: _____

Signature: _____

2/2020