



Albert Lea Public Library

Children's Library Card Application (ages 3 to 17)

A current photo ID of a parent or legal guardian is required for all registrations. If parents/guardians do not have a current photo ID, they may present an expired photo ID and proof of address in Freeborn County.

Child's Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____ City: _____ County: _____ ZIP: _____

Phone Number: _____ Email Address: _____

Age: _____ Date of Birth: _____

Preferred Method of Contact (check one): Email Text Message Phone Call

Parent/Guardian Name: _____ Relationship to Child: _____

I agree to abide by Library rules, to pay for any loss of or damage of 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 will inform the Library of any change in the above information.

Parent/Guardian Signature: _____ Date: _____

Staff Use Only

Driver's License/ID #: _____ Date of Birth: _____

Card Number: _____ PIN: _____

Existing Card in System (circle one): Y/N Check Proof Address (circle one): Y/N Staff Initials: _____