



Pasquotank-Camden

Child's Library Card Application

Library

PLEASE PRINT

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

Mailing Address: _____

City/State: _____

Home Phone: (____) ____ - _____

Name of School: _____

(Birth date information is used to distinguish your account from other patron accounts, especially from those with similar names.) Date of Birth: _____ / _____ / _____ (please use numbers) Month Day Year

PLEASE READ BEFORE SIGNING: I verify that this information is correct and I assume financial responsibility for materials borrowed or charges incurred on any card issued from this application. Parents, please bring proper picture id and current address confirmation with you when you apply for the library card.

Child's Signature _____ Date _____

Parent's Name-Please Print _____ Date _____

Signature of Parent or Guardian _____ Date _____



Staff Use Only:

Barcode: _____ Pin #: _____

Alternate ID/BKM if applicable: _____ J Female Male

Date Entered: _____ STAFF: Please Initial & Date: _____