**Pasquotank-Camden Library**

**Child’s Library Card Application**

**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.

__________________________ Date

Child’s Signature

__________________________ Date

Parent’s Name-Please Print

__________________________ Date

Signature of Parent or Guardian

**Staff Use Only:**

Barcode: ____________________________ Pin #: ____________________________

Alternate ID/BKM if applicable: ____________________________ J Female Male

Date Entered: ____________________________ STAFF: Please Initial & Date: ____________________________