

CHILD (under 18)

Child's Name (Last, First, Full Middle)

Parent's Name(s)

Street Address City State Zip

Main Phone Other Phone

I reside in the City Township Village of in County.

Mailing Address City State Zip (if different from above)

Child's DOB (MM/DD/YYYY)

Preferred method of contact for hold and overdue notices

Phone Text-Service Provider

Email

We may send alerts about new library services or programs. Opt Out

Internet Access Privileges
Internet access allowed.
No Internet through age 17.

Your MORE Responsibilities

I hereby apply for the right of borrowing privileges at libraries within the MORE library consortium. I agree to comply with all its rules and regulations, to pay all fines, to make good any loss or damage to books or materials incurred by me, and to give immediate notice of any change of residence. In the event my library card or key card is lost or stolen, I understand that I am responsible for charges on my account until the date the library is notified of its loss or theft.

Parent's/Guardian's Signature Date

Data on this card is confidential according to WI Statute 43.3

Staff Use Only

Date Barcode 2/ PTRN Type

Family Link County Notice Pref z p a

PTRN Alias Act 150 Staff Initials