

CHILD (under 16)

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

Child's Preferred Name

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) Create PIN Number

Preferred method of contact for hold and overdue notices

Phone Call Email:

I'd like regular email updates about library services and events.

Internet Access Privileges

- Internet access allowed.
No Internet through age 15.

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

This form must presented in person with proof of your current residential street address (driver's license, mail/bills, or anything official that shows your name and current street address).

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