

## MATHEWS MEMORIAL LIBRARY REGISTRATION FOR PATRON ID CARD JUVENILE APPLICATION (FOR AGES 0 -12)

### APPLICANT INFORMATION

First Name:	Last Name:	
Date of Birth:            /        /	Applicant is under age 13: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please fill out YA/Adult Application)	
Current Mailing Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Work Phone:
Alternate address:		
City:	State:	Zip Code:

### COMPUTER USE

If you plan to use the computers at the library you must read and accept the library's Public Computer and Internet Access Use Policy and sign the application below. Patrons **under age 18** must have a parent or guardian sign the application below to receive permission to use the library computers.

I wish to register to use the library computers:  Yes  No

### VIDEO CHECKOUT

If you plan to check out videocassettes or DVDs from the library you must read and accept the library's Videocassette and DVD Checkout Policy and sign the application below. Patrons **under age 18** must have a parent or guardian sign the application below to receive permission to check out videos.

I wish to register to check out videocassettes or DVDs:  Yes  No

### SHOW PREVIOUSLY CHECKED OUT ITEMS

You now have the option of viewing the items you have previously checked out, either online when you are logged in to your account or by asking the staff at the circulation desk. I want to allow the library system to keep track of my circulation history, in accordance with the library's Privacy Policy.  Yes  No

### SIGNATURE

The Virginia Freedom of Information Act, which ensures access to public records, contains certain exclusions which prohibit disclosure, among which are "Library records that can be used to identify both (i) any library patron who has borrowed material from a library and (ii) the material such patron borrowed. All patron records held by the Mathews Memorial Library are available only to the individual patron.

I hereby agree to accept all policies of the Mathews Memorial Library. I realize that I am responsible for all materials borrowed on my library card and agree to pay any fines accrued to my account. I will give immediate notice of change of address. I will report lost or stolen cards to the library staff.

Signature of applicant:	Date:
Signature of parent:	Date:

### STAFF USE

ID Presented:	Barcode Number:		
Staff / Volunteer Name:	<input type="checkbox"/> Entered	<input type="checkbox"/> Verified	REV 12/2014