

# DR. EUGENE CLARK LIBRARY

## LIBRARY CARD APPLICATION FOR A CHILD UNDER 18

Child's Last Name: \_\_\_\_\_ Child's Birth date: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Parent or guardian who agrees to be financially responsible for materials checked out on card:

Parent / Guardian's Name: \_\_\_\_\_

Parent / Guardian's Birth date: \_\_\_\_\_ TX Driver's License: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ County Residence: \_\_\_\_\_

\_\_\_\_\_ Internet Privileges \_\_\_\_\_ Video/DVD Privileges \_\_\_\_\_ Overdrive / eBooks

**I have given permission for the minor listed on this application to receive library privileges. I understand that I am taking responsibility to ensure the minor will follow all library rules of behavior, Internet policies, And Video policies and if he or she chooses not to comply with these rules, his or her library privileges may be suspended.**

Parent/Guardian Signature: \_\_\_\_\_ Date : \_\_\_\_\_

### For Library Staff Only

Staff Initials \_\_\_\_\_

CARD FEE PAID \$ \_\_\_\_\_

\_\_\_\_\_ Lockhart Resident Student

\_\_\_\_\_ Non Resident Student

\_\_\_\_\_ Homeschool

\_\_\_\_\_ Non Resident Family

\_\_\_\_\_ Temporary Card

Library Card #: \_\_\_\_\_

Dr. Eugene Clark Library 217 S. Main St., Lockhart, TX 78644 512-398-3223