**Cherokee County Public Library Card Application 6-12/Child**

**Must provide a photo ID & a piece of mail confirming residence**

Office use only:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First Middle

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Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name \_\_\_\_\_\_\_\_\_**

 Last First Middle

**Address (physical)**

 City State Zip Code

**P.O. Box Number** (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home Phone**

**Email Address**

Contact Preference:

 Email Telephone Text Message

 Mobile Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Verizon, AT&T, etc.)

School (If applicable)

Office use only:

Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_Initials of Staff issuing card

Position/Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternate Contact:**

Name

Phone

Please Read Before Signing:

Parent/Guardian: By signing below, I am agreeing that I am the parent or legal guardian of the above-named child. I agree to accept full responsibility for any items borrowed, fees, or damages associated with this card. I also agree to comply with all library policies. I understand that it is my responsibility to monitor the content of all materials borrowed by children or myself on this card.

Children's cards can only be used to borrow materials from the Children's Department.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name (Parent/Guardian Applicant)**

**Parent/Guardian Signature**