

APPLICATION FOR CHILD'S LIBRARY CARD
Waterford Township Public Library
(PLEASE PRINT FORM) - Information will be confidential

Child's Legal Name _____ **Gender** _____
Last First Middle

Birth Date _____
Month Day Year

Residence _____
Number Street Apartment #

City Zip Code

Telephone # _____ **Email** _____

School _____ **Grade** _____

Name of Parent/Legal Guardian _____
Last First MI

Driver's License# (REQUIRED) _____

Residence (If Different From Child's):

Number Street Apartment #

City Zip Code Telephone #

I certify that the above information is correct. I accept responsibility for materials borrowed on the library card issued from this application. Responsibility for the choice of materials borrowed rests with the person whose signature appears on the line below, and not with the library system, or its staff.

Signature of Parent or Legal Guardian