

Library Card Application-Ages 6 to 14

Name: _____

Mailing Address: _____

Physical Address (if different from above): _____

City: _____ State: Texas Zip: _____

Home Telephone: _____ Cell: _____

School: _____ Grade: _____

Birthdate: _____

Parent's name: _____

Parent's driver's license number: _____

Parent's email address: _____

Parent's place of employment: _____ Work number: _____

Preferred Contact Method: Email Text Phone Mail

I have read and understand the City of Wolfforth Library Policies. I understand that the library provides unfiltered internet access and cannot be held responsible for my child's web activity. I understand that I will be held legally accountable for all items checked out in my child's name. I will be responsible for the types of materials selected, proper use of these items, and will pay all fines incurred by these items.

Parent/Guardian Signature: _____ Date: _____

Barcode #: _____