

## Youth Library Account Registration Form (under age 12)

CHILD'S NAME:	DATE OF BIRTH:		
Pronoun: she	he	_ they	Not listed? Tell us:
- MAILING ADDRESS:			
	(St	reet)	
			RESIDENT OF?(Town)
(Town)	(Zip)		
Primary phone:			Cell:
	Area Code+ number		Area Code+ number
Parent's name:			
PARENT'S e-mail ac	ldress:		
Holds notification p	reference:		
Email			
Phone call	(for those without email)		
By default, our syst	em will NOT keep a reco	rd of wha	it you have checked out. If you would like
your check-out hist	ory to be saved and avail	able, plea	ase check this box:
	<b>c</b> .		w time. (It will cave your infe going forward only )
You can change you	ir preference in your acco	ount at ar	ny time. (It will save your info going forward only.)