

JUVENILE REGISTRATION

PLEASE PRINT

Child's Name: _____

Address: _____
Street city zip code

Phone number: _____ How do you wish to be notified of holds/

overdue items (please circle or check one): Email Phone Text Message

Email address and/or Cell Phone Company: _____

Parent/Guardian Name: _____

Driver's License number: _____ Child's birth date: _____

I have received a copy of the Petersburg Public Library Code of Conduct and the Internet Policy. I understand that I am responsible for making sure this child follows the rules of the Library. I agree to take responsibility for any materials checked out on this account.

Parent/Guardian Signature: _____

Date: _____

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