

FIRST REGIONAL LIBRARY

Youth Library Card Form



Welcome to First Regional Library! An FRL library card is available for free to anyone who lives, works, attends school, or owns property in the FRL service area. Your card may be used at any branch of the First Regional Library or at any member library of the Mississippi Library Partnership. The Library reserves the right to refuse a card if insufficient information is available, or if fines owed on a previous card are not cleared. Providing false or misleading information is grounds for permanent loss of borrowing privileges.

PLEASE PRINT (Youth Applicant's Information)

Last Name: _____ First Name: _____ Middle Name: _____

Preferred Name (if applicable): _____

E-mail Address for Library Notices: _____

Mailing Address (responsible party): _____

City: _____ State: _____ Zip: _____ County: _____

Permanent address (if different from above): _____

Preferred Phone: (_____) _____

Date of Birth (MM/DD/YYYY): _____ If you prefer a specific PIN, please provide a four digit number: _____

Youth Card Options

Youth library cards are for patrons under the age of 18. A library card must be presented at check out and is not transferable. Please select one of the options below:

____ Youth Card (free card, 35 checkouts, fines for overdue materials)

____ Youth Fines Free Card (free card, 2 checkouts, no fines)

____ Youth Non-Resident Card (\$30 annual fee - for youth not eligible for free card, 35 checkouts, fines for overdue materials)

AUTHORIZED PERSONS - add additional names on the other side of this form if needed

I permit the following individuals to request the status or names of items borrowed on my account and pick up holds:

Name of authorized person

Name of authorized person

ACCEPTANCE OF RESPONSIBILITY

I agree to obey the policies, rules and regulations of the First Regional Library, and to notify the library when any information I have given is changed. I will be responsible for all charges incurred for any overdue, lost, or damaged library materials. In the event my card is lost or stolen, I understand that I am responsible for charges on it until the Library is notified of its loss or theft.

Signature of Applicant: _____ Today's Date: _____

PARENT/GUARDIAN ACCEPTANCE OF RESPONSIBILITY STATEMENTS

I am willing for my child to receive a library card from the First Regional Library. I understand that as parent/guardian, I take full responsibility for my child's library use. I agree to be responsible for any and all charges due to damaged, lost, or overdue library materials incurred through the use of this card. I understand that I must be listed as an authorized person in order to request the status or names of items borrowed on my child's account or pick up holds.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Responsibility for library materials checked out, read, heard, or viewed by children and adolescents rests completely with their parents or legal guardians. FRL Staff are not qualified, nor able, nor do they have any responsibility for library materials checked out by any patron of any age, including children and teens. Parents or guardians are strongly encouraged to engage in the library material selection and check out process with their children in all FRL libraries.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

ADDITIONAL AUTHORIZED PERSONS - add additional names if needed

I permit the following individuals to request the status or names of items borrowed on my account and pick up holds:

Name of authorized person

Name of authorized person

Name of authorized person

Name of authorized person

Library Staff Use Only

Form type: _____ New Account _____ Update Existing Account

Library Card Number: 2 3221 _____

Card Type Issued (new cards only):

_____ Youth Resident Card (FJUV-RES) - confirmed that parent/guardian has signed both responsibility statements

_____ Youth Fine Free (FJUV-FREE)

_____ Youth Fine Free Letter Given (for applications without parent/guardian signature): _____
Initials

_____ Youth Non-Resident (FJUV-NONR) - confirmed that parent/guardian has signed both responsibility statements

Welcome Materials:

_____ Gave patron welcome materials

Registration Completion and Verification:

Registration completed by: _____
Initials

Date: _____
mm/dd/yy

Registration information verified by: _____
Initials

Date: _____
mm/dd/yy

Please keep this form on file for 30 days after the registration information has been verified.

After 30 days on file, this form should be shredded and disposed.