

**CHESTER COUNTY LIBRARY SYSTEM LIBRARY**  
**MINOR'S CARD APPLICATION**

**Cardholder Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Municipality \_\_\_\_\_  
E-mail \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile / Text \_\_\_\_\_

Paperless library notices (Holds availability, Courtesy reminders, Overdues, etc) preference:

E-mail       Phone       Text (standard text messaging rates apply)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_      Gender (circle one)    Male    Female

**Parent/Guardian Information required for applicants under 18 years of age**

**Valid ID Required (name & current address)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_      Gender (circle one)    Male    Female

Relationship to applicant \_\_\_\_\_

I accept full responsibility for the proper care and safe return of materials borrowed, and for payment of all charges incurred on this account, and I agree to abide by the regulations and procedures of the borrower's agreement, as stated in the CCLS Borrowing Policy. Specifically, I agree to be financially responsible for this minor cardholder's use of his/her card and to pay any charges incurred thereon. **(Required)**

I understand that the minor applicant remains the primary account cardholder and retains Use of Library Materials and Confidentiality rights as described in the CCLS Borrowing Policy and the PA Public Library Code. **(Required)**

I understand that libraries and their employees do not act on behalf of parents/legal guardians or monitor, control or restrict what a minor child selects for reading, listening, viewing and checking out when a parent/legal guardian is not present and I agree to the regulations and procedures of the borrower's agreement, as stated in the CCLS Borrowing Policy, for this account. **(Required)**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ID:**     Driver's License     Mail/Bill     Other \_\_\_\_\_

Parent/Guardian not present; exception granted by Director or designee only  
Library \_\_\_\_\_ Director or designee \_\_\_\_\_

**Staff Use Only**

**New Card**       **Update Account Information**

Library Card Barcode Number \_\_\_\_\_ .p# \_\_\_\_\_

Staff Initials \_\_\_\_\_ Library \_\_\_\_\_