

Hopkinton Town Library New Library Card Registration for Children

Child's Name: _____ (Date of birth, ages 5-12) _____

Mailing Address: _____
Address City/Town State Zip Code

Residence (if P.O. Box): _____
Address City/Town State Zip Code

Telephone Number: _____ Alt. Phone Number: _____

Email Address: _____ @ _____

Applicant's (Child's) Signature: _____ Date: _____

Parent/Guardian assumption of responsibility:

I assume full responsibility for all use made of this library card. I agree to comply with all library rules and regulations; to be responsible for any loss or damage to materials; to provide immediate notice of any change of contact information; and to provide immediate notice if the card is lost or stolen.

Signature: _____ **Date:** _____

Name (printed) _____ Relationship to child _____

Staff use:

Date of Reregistration (13th bday) _____

Proof of Residency verified: _____ Date: _____ Initials: _____ HTL Card # _____

Contact Preference (circle one): Email Text Phone call Privacy Policy received by parent/guardian _____