Hopkinton Town Library New Library Card Registration for Children

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:  □ Resident or  □ Non Resident (Fee)  Date of Reregistration  [13th bday]
Proof of Residency verified: ________________  Date: ________________  Initials: ________________  HTL Card #: ____________________________
Contact Preferences (email, text, phone): Overdue _______  Reserves _______  Due Date Warning/AutoRenewal _______
