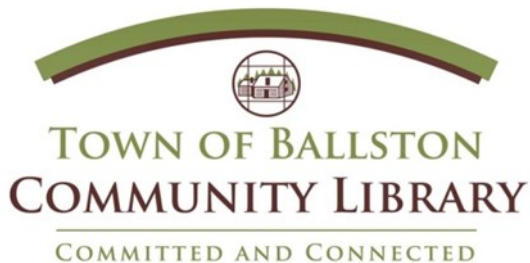


Staff Initials \_\_\_\_\_



**TOWN OF BALLSTON COMMUNITY LIBRARY  
YOUTH LIBRARY CARD APPLICATION**

CARD NO \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Please Print**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

**Mailing Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apt/Box Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**School District:**  BH-BL  Ballston Spa  Scotia-Glenville  Shenendehowa

Saratoga Springs  Galway  Other \_\_\_\_\_

**Town:**  Ballston  Charlton  Clifton Park  Glenville  Other \_\_\_\_\_

**County:**  Saratoga  Schenectady  Other \_\_\_\_\_

\_\_\_\_\_  
Preferred Phone

\_\_\_\_\_  
Other Phone \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Work

**Parent or Guardian:**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address (If different from above) Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
**E-mail address (for reminders of due dates, etc.)**

\_\_\_\_\_  
**Parent/Guardian License Number**

**PLEASE READ CAREFULLY:** As Parent/Guardian of the above child, I agree to observe all rules established by the library and will be responsible for all materials borrowed on my card.

I also agree to pay all fines or other charges imposed for late, lost or damaged library materials.

I will notify the library if my card is lost or if I change my name, address, e-mail, or telephone number.

\_\_\_\_\_ I would like to restrict my child's access to R-rated DVD's/Movies (**Please fill out form on back of this page**)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date