

PAT-02 APPENDIX A: GRAVENHURST PUBLIC LIBRARY  
CHILD/YOUTH CARD REGISTRATION

LAST NAME OF CHILD: \_\_\_\_\_

FIRST NAME OF CHILD: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT'S EMAIL ADDRESS: \_\_\_\_\_

CHILD'S BIRTH DATE: \_\_\_\_\_

PARENT'S PHONE NUMBER: \_\_\_\_\_

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**As parent/guardian of this child, I understand that children may have access to all library materials, & I accept responsibility for my child's selection, use & return of all materials. I also accept responsibility for all fines, damaged & lost items.**

PARENT/GUARDIAN NAME: \_\_\_\_\_  
(Please print)

SIGNATURE: \_\_\_\_\_

**PLEASE CHECK BELOW, IF TRUE:**

\_\_\_\_ Yes, our family would like to receive GPL's monthly e-newsletter

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**PLEASE CHECK ONE:**

\_\_\_\_ This is my child's first application for a card at GPL.

\_\_\_\_ My child already has a library card at GPL.

\_\_\_\_ My child's GPL library card has been lost.