LIBRARY CARD APPLICATION
CHILD (15 years and under)

EFFINGHAM PUBLIC LIBRARY

****Child's First, Middle and Last Name**:____(PLEASE PRINT)
** **If applicable, include Mother's Maiden Name (as it appears on photo ID)**:______________________________
****Street Address**:____
(Please No P.O. Boxes)
****City, State, ZIP**:____
****Phone #:**_____________________________________ ****Birth date**:__________________________________

Please CHECK ONE below. This is how the library will contact you:
______Text Message Cell Phone Service Provider (Ex: AT&T, Verizon, etc.)_________________________________
E-Mail ____
(You will automatically receive **"almost overdue" notices if E-mail or Text Message** notification is chosen.)
_______ Yes, I would like to receive EPL's monthly **E-mail** newsletter.
_______ Yes, I would like to receive **E-mail** notifications of new items added to the library collection
_______ Phone ___________________________________
PIN #: _______________ (4 digits to remember/use to access your online account & to check out items)

****Parent/ Guardian's Full Driver's License # OR State ID #**
(if other than IL, please indicate the state) :____

An Effingham Public Library Card entitles you to borrow materials from the Effingham Public Library. By using the card, you agree to comply with all the rules and regulations of the Effingham Public Library, including the Internet rules, and to pay any and all overdue fines and charges for lost, stolen, or damaged materials. This also applies to any Interlibrary Loan items. Please report a lost or stolen card and any address changes. **The Effingham Public Library is not responsible for the unauthorized use of the library card.** Failure to comply with the library rules may result in the suspension of borrowing privileges.
With my signature as Parent/Guardian, I understand that children have access to all material in the Library, and I accept responsibility for monitoring my child's access to print, media, and electronic formats, including the internet.
****Required fields.**

Signature of Parent/Guardian: ____ Date: __________

Printed Name of Parent/Guardian:____
(please print full name as it appears on DL or Photo ID using middle name or initial)

FOR STAFF USE ONLY: ____searched by Name/Maiden name
______Parent/Guardian presented a valid form of ID/ proof of current address Staff Initials: ______ Date:__________
_______ Resident Juvenile __ Non-Res. Juvenile
>>
*___ Non-Res. Property Owner Juvenile
*Taxable Address for Non-Resident Property Owner ____
>>

Barcode: ____Address Check/Expiration Date: __________

>>>
**_____Reciprocal Juvenile
** Home Library Name/ Barcode/Name of responsible adult_____________________________________
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**Home Library Expiration Date:________________