CHESTER COUNTY LIBRARY SYSTEM LIBRARY
MINOR’S CARD APPLICATION

Cardholder Information
Last Name_______________________ First Name___________________ __MI ______
Address____________________________________________________ Apt________
City__________________________ State__________ Zip__________
Municipality ________________________________
E-mail _____________________________________________
Home Phone_____________________________ Mobile / Text ______________________

Paperless library notices (Holds availability, Courtesy reminders, Overdues, etc) preference:
☐ E-mail      ☐ Phone      ☐ Text (standard text messaging rates apply)

Date of Birth ____/____/____  Gender (circle one)    Male     Female

Parent/Guardian Information required for applicants under 18 years of age
Valid ID Required (name & current address)

Last Name__________________________ First Name____________________ MI______
Address____________________________________________________ Apt________
City__________________________ State__________ Zip__________
Phone___________________________ Email ______________________________________
Date of Birth ____/____/____  Gender (circle one)    Male     Female

Relationship to applicant________________________________________

☐ I accept full responsibility for the proper care and safe return of materials borrowed, and for payment of all charges incurred on this account, and I agree to abide by the regulations and procedures of the borrower’s agreement, as stated in the CCLS Borrowing Policy. Specifically, I agree to be financially responsible for this minor cardholder’s use of his/her card and to pay any charges incurred thereon. (Required)

☐ I understand that the minor applicant remains the primary account cardholder and retains Use of Library Materials and Confidentiality rights as described in the CCLS Borrowing Policy and the PA Public Library Code. (Required)

☐ I understand that libraries and their employees do not act on behalf of parents/legal guardians or monitor, control or restrict what a minor child selects for reading, listening, viewing and checking out when a parent/legal guardian is not present and I agree to the regulations and procedures of the borrower’s agreement, as stated in the CCLS Borrowing Policy, for this account. (Required)

Signature____________________________________________________________________
Date____/____/____

ID: ☐ Driver’s License      ☐ Mail/Bill      ☐ Other_____________________________

☐ Parent/Guardian not present; exception granted by Director or designee only
Library ________________________ Director or designee____________________________

Staff Use Only
☐ New Card      ☐ Update Account Information

Library Card Barcode Number__________________________p#

Staff Initials____________________ Library ______________________________________