

**CHESTER COUNTY LIBRARY SYSTEM LIBRARY - MINOR'S LIBRARY CARD APPLICATION**

**Out-of-County Residents**

If you do not live in Chester County, but work, own property, attend school in Chester County or have a PA Access Program library card, please provide the following information. Otherwise an out-of-County fee of up to \$20 may apply.

Employer/School/Property \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ACCESS PA Card  Library System \_\_\_\_\_ (enter barcode below)

**Cardholder Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Municipality \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

(library notices will be sent to this address)

Preferred First Name (if different from above) \_\_\_\_\_

**Parent/Guardian Information - \*required for applicants under 18 years of age**

**Valid ID Required (name & address)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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 the regulations and procedures of the borrower's agreement, as stated in the CCLS Borrowing Policy.

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.

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. Specifically, I agree to be financially responsible for my child's use of his/her card and to pay any charges incurred thereon.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ID:**  Driver's License  Mail/Bill  Other \_\_\_\_\_

Parent/Guardian not present- exception granted by Director or designee  
Library \_\_\_\_\_ Director or designee \_\_\_\_\_

**Staff Use Only**

Library Card Barcode Number \_\_\_\_\_ .p# \_\_\_\_\_

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