

## Bibliothèque de Beaumont Public Library - Juvenile Registration (Ages Birth to 17) CHILD'S INFORMATION (Please print in ink)

NAME:				
Last (Family)	Last (Family) First		Middle	
BIRTHDATE:				
Month	Day	Year		
ADDRESS:				
#Street		City	Postal Code	
PHONE NUMBER:				
PARE	ENT/GUARDIAN INFO	RMATION		
NAME:				
Last (Family)	First		Middle	
ADDRESS:				
#Street		City	Postal Code	
HOME PHONE:	CELL PH	IONE:		
EMAIL:				
ADDITIONAL PARENT/GUARDIAN INFOR	MATION:			
NAME:				
Last (Family)	First		Middle	
You may authorize ONE additional Parent remains responsible for all card activity a	•	material on this card	l. The signing Parent/Guardian	
	PARENTAL/LEGAL GUARD	IAN CONSENT		
In signing this application, I approve the issuance of policies and procedures. I understand that the Libr language or other characteristics which may not be appropriate for my child and that the Library and its supervision of my child's activity in the Library's phy public access to the Internet and I accept full respor	ary purchases a wide variety of mate appropriate for my child. I acknowles staff will not act in loco parentis (i.e. sical space as well as within the TRA	erials in all formats and sedge that it is my sole riges, in the place of the pares. I	ome will contain mature themes and ht and responsibility to decide what is ent). I accept full responsibility for the acknowledge that the Library provides	
SIGNATURE OF PARENT OR LEGAL GUARDIAN		DATE MM/DD/YYYY		
In accordance with the Freedom of Information	on and Protection Act, the Librar	ry collects this informa	tion to retrieve overdue library	

phone 780-929-2665 fax 780-929-1291 address 5700-49 Street, Beaumont, AB T4X 1S7

materials and to contact borrowers for reserved material. This information may also be used to inform a Library Borrower of an

infraction of Library rules and regulations.