



## Children's Library Card Registration Form

**Please Print Child's Name**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_

(Street )

(Appt)

(City)

(Province)

(Postal Code)

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**Parents or Guardian Use Only**

(For children 12 years old and under)

I understand that my child has access to all services of Belleville Public Library and John M. Parrott Art Gallery. I accept responsibility for my child's selection and use of materials and services. I also accept responsibility for any fees incurred for late returns, lost or damaged materials.

I understand that my child has access to the Internet at the library. I accept responsibility for monitoring my child's Internet use at the library. I accept responsibility for ensuring my child's adherence to the library's Internet Use policy.

Signature: \_\_\_\_\_

**Please print**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

The personal information on this form is collected under the authority of the Public Libraries Act and the Municipal Freedom of the Information and Protection of Privacy Act. This information will only be used for the proper administration of Belleville Public Library.

**Belleville Public Library and John M. Parrott Art Gallery**  
254 Pinnacle Street, Belleville, Ontario K8N 3B1  
Tel: (613)968-6731 [www.bellevillelibrary.ca](http://www.bellevillelibrary.ca)