



# Belleville Public Library

## Student Library Card Registration Form

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

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

Home Address: \_\_\_\_\_  
(Street) (Apt)

\_\_\_\_\_  
(City) (Province) (Postal Code)

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Notification Preference (for overdue, holds, etc.)  Email  Text  Phone

### Parent or Guardians Use Only (For children 12 years old or 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**

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

### School Administration

I confirm this student's address is correct according to our school/organizations records.

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.*