



CHILDREN'S LIBRARY CARD APPLICATION

Name _____

Address _____ Apt. _____

City _____ State _____ Zip Code _____

Phone _____ (Pin # is the last 4 digits of your Phone #)

Email _____ (NO SCHOOL EMAIL)

Grade in School: _____

Preferred Method of Notifications:

Email: _____

Text: _____ (Must have cell phone # on file)

Children of any age may have a library card. Please note that children age 12 and under **MUST** have parental consent to get a card. By giving their consent, parents agree to accept responsibility for all borrowed materials, damaged or lost materials on their child's card.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Please complete this form and present it along with ID that proves residency in the Village of Bronxville to the Circulation Desk.

For Library Staff Use Only:

BARCODE: _____

Staff Initials: _____

Date: _____

**Bronxville Public Library 201 Pondfield Road Bronxville, NY 10708 (914)-337-7680
www.bronxvillelibrary.org**