

SE _____
DATE _____

LUCY ROBBINS WELLES LIBRARY
95 CEDAR STREET
NEWINGTON, CT 06111

UPD _____
DATE _____

CHILDREN'S REGISTRATION FORM

PLEASE PRINT
NAME:

First Name _____

Middle Name or initial _____

Last Name _____ Suffix _____

MAILING ADDRESS _____

Street

City

State

Zip Code

PREFERRED TELEPHONE (including area code) _____

PARENT'S NAME _____

ADDRESS OF RESIDENCE (if different from above):

State law requires patrons to get their library card in the town where they reside. Any valid library card can be used in any public library in Connecticut.

Street

state

zip code

E-MAIL ADDRESS _____

Please fill in the following information:

DATE OF BIRTH _____ MALE _____ FEMALE _____

I agree to obey all the rules and regulations of the public library. I acknowledge that I am responsible for all items charged to my child's library card, to pay promptly all fines charged against my child for overdue, and lost or damaged items, and to give immediate notice of any change of address, or a lost/stolen card.

CHILD'S SIGNATURE _____

PARENT'S SIGNATURE (required for young people in Grade 8 and under):

Signature

Date

BARCODE NUMBER _____