



CHILD REGISTRATION (Ages 0-14)

SKC/D'Arcy McNickle Library Registration

Child's Name and Contact Information:

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

City, State, Zip _____

Phone _____ Reference Phone _____

Email(s) _____

*****Parent or Guardian**:*** *Please read the following statements below, determine the appropriate permissions and sign/date:*

Internet Use Consent:

I give my permission for my child to use the Internet computers on his/her own at the D'Arcy McNickle Library. YES NO

I understand that it is my responsibility as a parent or guardian to supervise and monitor my child's use of the Internet. YES NO

Circulation Privileges:

My child may borrow "PG-13" Rated Videos. YES NO

My child may borrow "R" Rated Videos. YES NO

My child may borrow books from the Manga/Graphic Novel Collection. YES NO

Fines & Fees:

I understand that any outstanding charges for overdues, lost item or damaged item fees will be transferred to my adult library account. YES No

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

Parent's Identification: _____ Parent's Patron Number: _____

Child's Patron Number: _____ Staff Member: _____