JONATHAN BOURNE PUBLIC LIBRARY
JUVENILE REGISTRATION FORM

Where does Parent / Guardian vote? Town/City __________________________ State____________

Have you ever had a CLAMS Card? (Most Cape or Islands libraries) Yes______ No________

NAME (Last)_________________________ (First)_______________________ (MI)________

LOCAL INFORMATION

MAILING ADDRESS Street __________________________ P.O. Box ______________
Town/City __________________________ State __________ Zip__________

PHONE (_____)- ________________

BIRTHDATE (Month) ___________ (Day) ______________ (Year) ___________

JUVENILE SIGNATURE ____________________________________________________________

LEGAL RESIDENCE INFORMATION (Complete only if different from above.)

MAILING ADDRESS Street __________________________ P.O. Box ______________
Town/City __________________________ State __________ Zip__________

PHONE (_____)- ________________

PARENT / GUARDIAN INFORMATION (Complete address portion only if different from above.)

NAME (Last)_________________________ (First) ________________________ (MI) _________

MAILING ADDRESS PO Box ______________ Street________________________
Town_________________________ Street __________________ State________ ZIP __________

PHONE (_____)- ________________

EMAIL ______________________________________________________________

As a parent / guardian, I agree to be responsible for my child’s materials borrowed with this card, and to ensure compliance with all the rules and regulations of the library, including immediate notification of changes to the above information.

____________________________________________ _____________________________
Signature Date

IDENTIFYING DATA - STAFF USE ONLY

Driver’s License #_________________________ State________________________

Military ID# ______________________________

Other ID# ______________________ Issuing Agency ______________________

CLAMS CARD # 10113_________________________/10113 __________

Staff Initials ___________________________ Date__________________________