

**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 _____ 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 _____