



Child's First Name: _____ MI: _____ Last Name: _____

Preferred Name (if different): _____ Date of Birth: ____ - ____ - ____

Parent/Legal Guardian Name: _____

Parent/Guardian Email Address: _____

Would you like your checkout receipts emailed to you? YES NO

Would you like to receive emails about library events for children? YES NO

Phone: _____

Child's Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Caregiver's Address (if different): _____

Hold Authorization (Opt-In):

You may authorize a personal representative to pick up items on hold for you at East Longmeadow Public Library. These items will be checked out on your library card. A note will be placed on your account authorizing the person to pick up your holds. You will need to notify a staff member to cancel this authorization, which you may do at any time.

Person(s) authorized to pick up materials on my behalf:

As the parent or guardian, I agree to be responsible for all material borrowed with this card, for all fines incurred, and for the loss and damage of material charged upon it.

Signature: _____ Date: _____

STAFF USE ONLY: Date: ____ - ____ - ____ Initials: _____ Barcode: 205950002 _____

Home Library: _____