



EAST LONGMEADOW  
PUBLIC LIBRARY

East Longmeadow Public Library  
Child Patron Registration Application

Child's First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name (if different): \_\_\_\_\_ Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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): \_\_\_\_\_

How would you like to be notified when an item is held for pickup? (Circle one): **Email / Text / Phone call**

**Allow others to use my account** (write names and circle access options). *Please list the names of any family members or caregivers who are permitted to check out or pick up library materials on behalf of this child.*

Name: \_\_\_\_\_ Place Holds/ Pick up Holds/ View Items Checked Out/ Check out items

Name: \_\_\_\_\_ Place Holds/ Pick up Holds/ View Items Checked Out/ Check out items

Name: \_\_\_\_\_ Place Holds/ Pick up Holds/ View Items Checked Out/ Check out items

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.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY:** Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Initials: \_\_\_\_\_ Barcode: 205950002 \_\_\_\_\_

Home Library: \_\_\_\_\_

*Reminder: add **EM + date** to any others allowed to use this account.*

