

City of Calabasas

Library Card Application (**UNDER 18**)

(PO BOX ACCEPTED FOR RESTRICTED ACCOUNTS ONLY)

Date: _____

Last Name	First Name	Middle Name
Home Address		
City	State	Zip Code
Parent's ID _____	Date of Birth _____	
Phone # _____	Gender Identity _____	
Are you a resident of Mountain View Estates? <input type="checkbox"/>	Check here to acknowledge and accept the Calabasas Library policies <input type="checkbox"/>	

I agree to be responsible for all materials charged on my library card; to report a lost library card; to observe library rules and policies; to pay all charges; and to notify the library of an address or name change. Library staff cannot give any information about a patron's registration and circulation record to anyone other than the patron, regardless of age or relationship to patron.

Signature of Applicant

FOR PARENTS OR LEGAL GUARDIANS OF MINOR APPLICANT

I give my child permission to have a library card and I assume complete financial responsibility for all library materials borrowed by my child. I understand that my child will have unrestricted access to all resources of the library and that any restrictions to my child's borrowing privileges and any restrictions on access to electronic resources rests on me. I understand that I cannot use my child's library card or access their account if they are not present.

My child may check out DVDs

My child may NOT check out DVDs

Name of the Parent or Legal Guardian (print) _____ (sign) _____

For Staff Use Only: Barcode # _____ Quick Reg _____ Full Reg _____