

Youth Library Card Application (under age 18)



This is an application for a Youth Library Card Account. Youth Library Card Accounts are accounts for library patrons under the age of 18 years old. Parents (or legal guardians) with library card accounts in good standing may apply for a youth library card. Parents (or legal guardians) are responsible for the selection and use of materials checked out by and/or accessed with their children's library card(s). Parents (or legal guardians) are responsible for the financial obligations associated with their children's library card account(s).

Youth library cards expire when youth patrons become 18 years old. Parents (or legal guardians) must be present with a current, valid photo ID to sign for a youth card. *While in the library, children under the age of 13 must be continually accompanied by a parent, guardian or responsible caregiver.*

Please enter the information below for the YOUTH BORROWER:

Name: _____ Date of Birth: / ____ / ____ / ____
Last First Middle MM DD YYYY

Street Address: _____

City: _____ State: _____ Zip Code: _____

County: ☐ Pickens ☐ Anderson ☐ Greenville ☐ Oconee ☐ Other _____

This Youth card has the following access to physical and digital collections within the library: (check one)
These collections include books, kits, and AV materials (DVDs, Audiobooks, eBooks, etc.). Parents/Guardians must complete and sign a new application to make any changes regarding access to materials.

- ☐ **Restricted:** Account allows checkout of materials in the Children's and Juvenile collections.
(Items within these sections are typically suggested for youth 12 and under)
- ☐ **Restricted + Teen:** Account allows checkout of materials in the Children's, Juvenile and Teen collections.
(Items within the Teen collection are suggested for youth 13-17)
- ☐ **Unrestricted:** Account allows full access to all library collections including all Adult materials.

Phone number for communication about this account

Home Phone: _____ Mobile Phone: _____

Email Address for communication about this account: _____

Receive notices by: ☐ Email or ☐ Phone call Check out receipt: ☐ Print and/or ☐ Email

Please initial _____ if you want to opt in to having access to the circulation history for this account.

Please select a 4 Digit Pin Number for this account: ____ / ____ / ____ / ____

Parent/Legal Guardian Name: _____

Last

First

Parent/Legal Guardian ID Number: _____

Authorized Signature (Parent or Legal Guardian)

Date

By signing this application for a Youth Library Card account, you are giving your explicit consent for the youth borrower to check out all materials within the collections selected on this form.

Staff Use Only ☐ Reciprocal Good Standing ☐ Parent/Guardian Good Standing ☐ Y to AV ☐ Reciprocal Paid Fee ☐ Non-Resident Paid Fee
Library Card # 2296400 _____ Linked to Card # _____ Date Applied _____ Staff Initials _____