



Delaware Library Card Registration Form

FOR STAFF USE ONLY

Date: _____ Barcode: _____

Profile: Adult Juvenile, Internet access Full, T2, No NONRES NRPO Temp Other:

BASIC INFORMATION

Last Name, First: _____ *Smith Jr., Robert*

Gender: Male Female Date of Birth: _____ *Optional if over 18 yrs. of age*

Driver's License: _____ State: _____

ADDRESSES

Primary Address

Street: _____ Apt #: _____

P.O. Box: _____ Phone: _____

City/State: _____ Zip: _____ County: _____

Secondary Address

Street: _____ Apt #: _____

P.O. Box: _____ Phone: _____

City/State: _____ Zip: _____ County: _____

CONTACT ME BY

Email: _____ Please check one:

Mail: (see above)

Phone: _____

DEMOGRAPHICS

INTERNET	RESIDENCY	ETHNICITY <i>Optional</i>	EDUCATION LEVEL <i>Optional</i>
<input type="radio"/> Full Full Internet Access	<input type="radio"/> City of Dover	<input type="radio"/> Asian	<input type="radio"/> Preschool
<input type="radio"/> Tier 2 Library eResources	<input type="radio"/> City of Harrington	<input type="radio"/> African American	<input type="radio"/> Elementary Grades, 1-5
<input type="radio"/> None PC Use Only, No Internet Access	<input type="radio"/> City of Smyrna	<input type="radio"/> Hispanic	<input type="radio"/> Middle Grades, 6-8
	<input type="radio"/> Milford School District	<input type="radio"/> Native American	<input type="radio"/> High School Grades, 9-12
	<input type="radio"/> Kent County	<input type="radio"/> White	<input type="radio"/> Trade School
	<input type="radio"/> New Castle County	<input type="radio"/> Other	<input type="radio"/> College <input type="radio"/> 2 year <input type="radio"/> 4 year
	<input type="radio"/> Sussex County		<input type="radio"/> MA <input type="radio"/> PhD
	<input type="radio"/> Out of State		

GUARDIAN INFORMATION

REQUIRED FOR CHILDREN 17 AND UNDER *To be completed in the library by Parent or Guardian*

Please Print Parent or Guardian Name: _____

Address, if different from child

Street: _____ Apt. #: _____

P.O. Box: _____ Home Phone: _____

City/State: _____ Zip: _____ County: _____

“I understand that the Library does not accept responsibility for my child’s choice of Library materials and that I am responsible for fines and fees of materials checked out by my child.

“I have read the Library’s Internet Policy and wish to give my child the following access to Internet or other online services.”

Full Internet Access Tier 2 Access, Library eResources PC Use Only, No Internet Access

Signature: _____

SIGNATURE

I agree to report a lost card or change of address. I agree to pay all charges on my account and observe all library policies and use standards.

Signature: _____ Date: _____