



THE BOOKWORM

BUS 1239 FM 359, Unit 4, Brookshire, TX 77423  
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## Child's Library Card Application

### PLEASE PRINT

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

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Please circle one:      Female    Male

Would you like the library to maintain a list of the items your child has checked out?     YES     NO

Name of School: \_\_\_\_\_

**(Birth date information is used to distinguish your account from other patron accounts, especially from those with similar names.)** Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please use numbers for the Month, Day, and Year**

**PLEASE READ BEFORE SIGNING: I verify that this information is correct, and I assume financial responsibility for materials borrowed or charges incurred on any card issued from this application. Parents, please bring proper picture ID and current address confirmation with you when you apply for the library card.**

**I understand that I am the only person permitted to use this library card.**

Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only

Library Card Number:

Employee Initials: