





Library Registration Form - Children

Requirements for Registration Child's Birth Certificate/Passport Parent/Guardian Identification Card, Driver's Permit or Passport Proof of Parent's/Guardian's current mailing address no more than three months old (utility bill/bank statement)

Please Print Clearly (Block Letters)

SIGNATURE OF LIBRARY STAFF: __

, ,	<u></u>		
CHILD'S NAME: (Surname)	(First)		(Middle)
DATE OF BIRTH:	(MM/DD/YYYY) GENDI	ER: M F	
HOME ADDRESS:			
EMAIL ADDRESS:			
HOME NUMBER:	MOBILE NUMBE	ER:	
NAME AND ADDRESS OF SCHOOL:			
PARENT'S/GUARDIAN'S NAME:	(Surname)		(First)
PARENT'S/GUARDIAN'S IDENTIFICATION N	0:	DP P	o 🗌 ID
BUSINESS ADDRESS:			
BUSINESS PHONE NO:	MOBILE NUMBER:		FAX:
E-MAIL ADDRESS:			
STATEMENT OF RESPONSIBILITY I agree to:			
 Comply with library rules and regulation Be responsible for materials borrowed To pay assessed charge for lost or dama To notify the Tobago Library Services of To return loaned material by due date To return all materials and pay all charge 	aged items while on loan fany change of address		
By signing this application I also agree to rece	ive promotional material and other notice	s from NALIS via e-mail an	nd text messages.
PARENT'S/GUARDIAN'S SIGNATURE:	DATE:		
FOR OFFICIAL USE ONLY			
REGISTRATION NUMBER:			
PIN NUMBER:			