

DELAWARE

Registration Form



Library CARD

Modified: 8/31/2006

Date: _____

Barcode: _____

Profile: ADULT JUVENILE, internet access FULL, T2, T1, NO
 NONRES NRPO Temp Other: _____

Basic Info

LAST NAME, FIRST: _____ *Smith Jr., Robert*

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

Driver's License: _____ State: _____

Addresses

Primary Address

Street: _____ Apt #: _____

P.O. Box: _____ Home Phone: _____

City/State: _____ Zip: _____ County: _____

Email: _____

Secondary Address

Street: _____ Apt #: _____

P.O. Box: _____ Home Phone: _____

City/State: _____ Zip: _____ County: _____

Demographics

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Full Full Internet Access <input type="checkbox"/> Tier 2 For Grades 6-12 <input type="checkbox"/> Tier 1 For Grades K-5 <input type="checkbox"/> None No Internet Access | Residency: <input type="checkbox"/> City of Dover <input type="checkbox"/> City of Harrington <input type="checkbox"/> City of Smyrna <input type="checkbox"/> Milford Schl. Dist. <input type="checkbox"/> Kent Co. <input type="checkbox"/> New Castle Co. <input type="checkbox"/> Sussex Co. | Ethnicity: <i>Optional</i> <input type="checkbox"/> Asian <input type="checkbox"/> African Amer. <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Amer. <input type="checkbox"/> White <input type="checkbox"/> Other | Education Level: <i>Optional</i> <input type="checkbox"/> Preschool <input type="checkbox"/> Elementary Grades 1-5 <input type="checkbox"/> Middle Grades 6-8 <input type="checkbox"/> High School Grades 9-12 <input type="checkbox"/> Trade School <input type="checkbox"/> College <input type="checkbox"/> No Degree <input type="checkbox"/> 2 yr <input type="checkbox"/> 4 yr <input type="checkbox"/> MA <input type="checkbox"/> PhD |
|---|--|---|---|

Extended Info

Contact Me By: Mail Phone Email *Please check one*

Cell Phone: _____ *Check if we may contact you at this number*

Work Phone: _____ *Check if we may contact you at this number*

Guardian Info

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 juvenile

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 For Grades 6-12 Tier 1 Access For Grades K-5 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.

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Welcome!
Thank you for supporting
Delaware libraries.
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