

Juvenile Registration
PETERSBURG PUBLIC LIBRARY SYSTEM
137 S. Sycamore Street~ Petersburg, VA 23803 ~(804)733-2387

No. _____ Expires _____

Do Not Write Above This Line

I apply for the right to use the Library and will abide by its rules. I will pay fines or damages charged to me, and will give prompt notice of any change of address.

PRINT Child's Full Name _____

Address _____
(Include apartment #) (City,town) (Zip)

Home Phone _____ Cell Phone _____

Parent or Guardian's Social Security/Driver's License # _____

Child's Birthdate _____ Email address _____

Signature _____ Signature _____
(Child's) (Parent/Guardian's)

INTERNET USE

I hereby grant my child permission to access the INTERNET at any branch of the Petersburg Public Library System, and will ensure that they abide by the Internet Access Policy.

Child's Name _____ Child's Age _____

Parent/Guardian's Signature _____ Date _____