# South San Francisco Public Library
## Peninsula Library System
## Registration Form

**Applicant Name** _____
LAST FIRST MIDDLE

**Parent/Guardian Name** _____
**(if applicant is under 18 years old)** LAST FIRST MIDDLE

**Parent/Guardian ID# (CDL#):** _____

**Address** _____
NUMBER AND STREET APT# (if applicable)

_____
CITY STATE ZIP CODE

**Home Phone** (_____)_____

**Work Phone** (_____)_____ **Ext #** _____

**E-Mail** _____

**Mailing Address** _____
(if different from above) NUMBER AND STREET APT# (if applicable)

_____
CITY STATE ZIP CODE

**STAFF USE ONLY**

Date: _____

Initial: _____

Barcode: _____

Applicant CDL#: _____

CDL Exp. Date: _____

Other ID: _____

Ptype: _____

Home Library: _____

Direct Loan: _____

Census: _____

☐ Class Visit? (Reitteration Letter Sent?)

**SENIOR CITIZENS (*SSF Residents ONLY*),** defined as 62 years of age and older, are NOT assessed fines in the South San Francisco Public Library. Please check this box if you qualify as a Senior Citizen. ☐

**ATTENTION PARENTS:** Library policy permits children access to all materials and resources in the system – print, audio visual and online (such as Internet). As a parent or guardian, if you desire to limit your child's access to these items and resources, you should make this desire known to your child. The library does not withhold materials from any patron on the basis of age. The South San Francisco Public Library encourages parents to take an active interest in their child's reading. Reading is more fun and meaningful when shared.

- **I AGREE TO FOLLOW LIBRARY RULES, BE RESPONSIBLE FOR MATERIALS THAT ARE CHARGED TO THIS CARD, AND NOTIFY THE LIBRARY WHEN ANY INFORMATION I HAVE GIVEN IS CHANGED.**
- **I UNDERSTAND THAT I AM TO NOTIFY THE LIBRARY IF THIS CARD IS LOST OR STOLEN.** *(Privacy laws prohibit us from dispensing information about your account unless your library card is presented.)*
- **I WILL BRING MY LIBRARY CARD EACH TIME I VISIT THE LIBRARY.**

**X** _____ **X** _____
SIGNATURE OF APPLICANT SIGNATURE OF PARENT/GUARDIAN IF APPLICATANT IS UNDER 18 YEARS OLD

The Library requests your **VOLUNTARY** assistance in providing the following information, which will help us select materials, plan services and programs, and apply for possible grants. This information is confidential; only composite totals will be used.

**GENDER:** ☐MALE ☐ FEMALE **BIRTH YEAR:** _____

**PREFERRED LANGUAGE (for notification purposes):** ☐English ☐ Spanish ☐ Chinese