South San Francisco Public Library Peninsula Library System Registration Form

Applicant Name			Date:
LAST	FIRST	MIDDLE	Initial:
Parent/Guardian Name			_
(if applicant is under 18 years old) LAST	FIRST	MIDDLE	Barcode:
Address			_ Ptype:
NUMBER AND STREET		APT# (ifapplicable)	
CITY	STATE	ZIP CODE	Home Library:
Home Phone ()			Direct Loan:
Work Phone ()			_
E-Mail			_
Applicant's Date of Birth			_
Mailing Address			
Address (if different from above) NUMBER AND STREET		APT# (if applicable)	Class Visit? (Reiteration Letter Sent?)
CITY	STATE	ZIP CODE	-
SENIOR CITIZENS (<i>SSF Reside</i> Francisco Library materials. Please		-	r, are NOT assessed fines for South San
visual and online. As a parent or gumake this desire known to your chi	uardian, if you desire to ld. The library does not v	limit your child's acces withhold materials from	and resources in the system – print, audio s to these items and resources, you should any patron on the basis of age. The South child's reading. Reading is more fun and
TO THIS CARD, AND NOTI • I UNDERSTAND THAT I	FY THE LIBRARY W. AM TO NOTIFY TI dispensing information a	HEN ANY INFORMA HE LIBRARY IF The Subout your account unle	ATERIALS THAT ARE CHARGED ATION I HAVE GIVEN IS CHANGED. HIS CARD IS LOST OR STOLEN. ss your library card is presented.)
X)	(
SIGNATURE OF ADDITO			CHARDIAN IE APPI ICATANT IS UNDER 18 VEARS OF D

STAFF USE ONLY

The Library requests your **VOLUNTARY** assistance in providing this information, which will help us select materials, plan services and programs, and apply for grants.