

Library Card Application – Child/Youth

(0-18 years)



This application needs to be filled out by the minor's parent or legal guardian with both child/youth and parent/legal guardian present. You must show proof of CURRENT physical address. To qualify for a FREE card, you must live, work, attend school in Houston County/City of Dothan, or be a military dependent (I.D. required). If you do not qualify for a FREE card, one can be purchased for \$25 per year.

Have you had a DHCLS Library Card before? Yes No

Child/Youth's First Name _____ Middle Initial _____ Last Name _____

Child/Youth's Date of Birth ____/____/____
MM DD YYYY

Male Female

Home Address _____ City _____ State _____ Zip Code _____

Parent or Legal Guardian's First Name _____ Middle Initial _____ Last Name _____

(_____) _____
Phone #

I want my 4-digit PIN # to be:

Email address (optional): _____
(This is for library notifications such as newsletters, overdue notices, etc.)

Parent/Guardian: By signing below, I am agreeing that I am the parent or legal guardian of the above-named child. I agree to accept full responsibility for any items borrowed, late fees, or damages associated with this card. I also agree to comply with all library rules and regulations which can be found on our website – www.dhcls.org. I also understand that there is a \$2.00 charge for all child/youth replacement cards.

Printed Parent or Guardian's Name _____ Parent or Guardian's Signature _____ Date ____/____/____