

**IBERIA PARISH LIBRARIES**  
**Juvenile Registration (6 -12 Yrs.)**

Please **PRINT**.  
**This form must be filled in COMPLETELY for a library card to be issued.**

Name: \_\_\_\_\_  
Last                      First                      M.                      Suffix

Mailing Address: \_\_\_\_\_  
No.                      Street                      Apt#                      City                      State                      Zip

Home Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Home                      Mobile

How would you prefer to receive library notices.....  Mail     Email address

Password/PIN#: \_\_\_\_\_  
 (enter the last 4 digits of your phone #; this is the password you would use to access library internet services)

**LIBRARY POLICY:** "Information required to obtain/continue use of a library card includes, but is not limited to, the last four digits of your Social Security Number, birth date, and driver's license number (when applicable)".

**DATE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY # (last 4 digits only):**    \_ \_ \_ \_

**SCHOOL:** \_\_\_\_\_

**CIRCLE:**  
**MALE OR FEMALE**

\*\*\*\*\*

**PARENT OR GUARDIAN:** \_\_\_\_\_  
Last                      First                      Middle

Mailing Address if different: \_\_\_\_\_

Home Address if different: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Email address: \_\_\_\_\_

**DRIVER'S LICENSE:** \_\_\_\_\_ **SSN# (last 4 #s only):** \_ \_ \_ \_ **DOB:** \_ \_ \_ \_

References: 1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\*

- Please do not loan your library card to friends or relatives as you are ultimately responsible. Your library card is just like a credit card. Items are loaned to you and are expected to be returned in a timely manner. If not, late fees and/or replacement fees can be assessed to the account. In the event of non-payment, accounts are sent to a collection agency for collection.

-Please report lost or stolen cards immediately as you are responsible for all items checked out on your card.

-Please notify the library of any change of address.

-Please assist us in keeping the library collection in good condition for all to enjoy.

**I AGREE TO OBEY ALL LIBRARY RULES.** \_\_\_\_\_ Borrower's Signature

**I AGREE TO BE RESPONSIBLE FOR ALL MATERIALS CHECKED OUT TO THE ABOVE PERSON.** \_\_\_\_\_ Parent/Guardian's Signature

\*\*\*\*\*

**EMPLOYEE NAME:** \_\_\_\_\_