

# Wellsville City Library Card Application

## Child Patron Identity

Legal Last name: \_\_\_\_\_

Legal First name: \_\_\_\_\_

Other name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Circle one: Male Female None specified

## **Guarantor Information (Legal Parent/Guardian)**

Last name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of authorized users of this account:  
\_\_\_\_\_

## **Main address**

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_

## **Contact**

Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

E-mail (home): \_\_\_\_\_

E-mail (work): \_\_\_\_\_

Fax: \_\_\_\_\_

## **Parent/Guardian approvals**

Please circle to allow check out of:

R rated video/DVDs? Yes No

PG-13 rated video/DVDs? Yes No

Music with explicit lyrics? Yes No

Internet & computer? Yes No

(Circle the game level authorized for checkout)

Games Rated: M-Mature, T-Teen, E-Everyone

Reverse side must be approved by parent or guardian for Internet & computer use.

## **OPAC Login (must be at least 4 digits)**

Username: \_\_\_\_\_

Password: \_\_\_\_\_

## **Alternate address**

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact note: \_\_\_\_\_

Please check

\_\_\_ I authorize use of texting on my account when it becomes available.

\_\_\_ I authorize the use of email contact for library use only, including notifications of items waiting and due, and library newsletters.

**I will pay for fines &/or damages charged to me/my child's library card and obey all rules and regulations of the library and give prompt notice of any change of address.**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**I understand that as a minor my parent/guardian is the actual owner of my library account until my 18<sup>th</sup> birthday, and will have access to all my information the library has about me.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

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**Staff Use Only: Card Number \_\_\_\_\_ Created by: \_\_\_\_\_**

Circle one: 3. Local Juvenile 5. Rural Juvenile 7. Other Juvenile

# Wellsville City Library

P.O. Box 517

115 W. 6<sup>th</sup> St.

Wellsville, KS 66092

Phone 785-883-2870

Fax 785-883-2880

Internet User Agreement for Students/Parental Consent Form

Please read the following carefully before signing. This is a legally binding document.

I agree my child will abide by the Wellsville City Library's guidelines and conditions for the use of the facility and access to the Internet. I further understand any violation of the libraries' guidelines is unethical and may constitute a criminal offense. Should my child commit any violation, their access privileges will be revoked, and/or appropriate legal action may be taken.

In order to make sure that all patrons of the Library understand and agree to these rules of conduct, the Wellsville City Library requires me to sign the following statement before my child is given the privilege to use the libraries' computers, network, and Internet connection.

I agree not to hold the Wellsville City Library or any of its employees nor any of the institutions or networks providing access to networks or the Internet responsible for the performance of the system or the content or costs or any material accessed through the network or the Internet.

As a parent or guardian of this student/child, I have received and read a copy of the guidelines on computer use and the conditions for the use of the network and Internet. I understand that this free access to the network and the Internet is designed for educational purposes. However, I also recognize that it is impossible to restrict access to all controversial materials, and I will not hold the Wellsville City Library responsible for materials acquired or sent via the network and/or the Internet.

Patron's name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form will be retained on file by authorized faculty designed for the duration of applicable computer/network/Internet use.