

Library Card Application – Youth

(0-18 years)



DOTHAN HOUSTON COUNTY LIBRARY SYSTEM

This application needs to be filled out by the minor's parent or legal guardian with both 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

I want my 4-digit PIN # to be:

Youth's First Name

Middle Initial

Last Name

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 #

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

Youth General Access: I authorize the above-named child to have a *Youth General Access* library card. I accept responsibility for the selection of appropriate materials for the child.

Printed Parent or Guardian's Name

Parent or Guardian's Signature

/ /
Date