TOWN OF BALLSTON COMMUNITY LIBRARY
YOUTH APPLICATION

CARD NO ___________________________ Date of Birth ___________________________

Please Print

First Name ___________ MI ___________ Last Name ___________________________

Mailing Address:

Street ___________ Apt/Box No. ___________________________

City ___________________________ State ___________________________ Zip Code ___________________________

School District: □ BH-BL □ Ballston Spa □ Scotia-Glenville □ Shenendehowa
□ Saratoga Springs □ Galway □ Other ___________________________

Town: □ Ballston □ Charlton □ Clifton Park □ Glenville □ Other ___________________________

County: □ Saratoga □ Schenectady □ Other ___________________________

Home Phone ___________________________ School ___________________________ Grade ___________________________

e-mail address (To receive Library notices via e-mail) ___________________________

Parent or Guardian:

First Name ___________________________ MI ___________________________ Last Name ___________________________

Street (if different from above) ___________________________ City ___________________________ State ___________________________ Zip Code ___________________________

Check here for an application to restrict your child’s access to R-rated videos and DVDs.

Please Read Carefully: As parent/guardian of the above child, I agree to observe all rules established by the Library and will be responsible for all materials borrowed on his/her card. We also agree to pay fines or other charges imposed for late, lost or mutilation of Library materials. We will notify the Library if my child’s card is lost or if there is a change my child’s name or address.

Signature ___________________________ Date ___________________________