



2 Lawmar Lane, Burnt Hills, NY 12027-9539

518-399-8174 \* FAX: 518-399-1687

## 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

\_\_\_\_\_ Check here for an application to restrict you 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