

Williamsburg Regional Library
Mobile Library Services
Library Registration

CHILD'S NAME _____

_____ My child already has a Williamsburg Regional Library Card in his/her name.

_____ Please issue my child a free library card. My child has never had a library card issued in his/her name.

I, _____, give my child permission to checkout books and other materials from the Williamsburg Regional Library buildings and Mobile Library Services Vehicle. I understand that my child must present a library card in order to borrow library materials, and I accept responsibility for all fines incurred and for lost or damaged materials borrowed on my child's card.

Parent or Guardian Signature

CHILD'S NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Telephone Number: _____

Residence: City of Williamsburg _____ James City County _____
York County _____ Other _____

Email (optional) _____

How would you like to be notified about holds, fines, lost items, etc?

By phone _____ By email _____

Child's Date of Birth _____

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Staff Use Only	
Patron Type	
Status/Class	
Barcode Number	