



Chicopee Public Library  
 449 Front Street  
 Chicopee, MA 01013  
 (413) 594-1800

**CHILD'S LIBRARY CARD APPLICATION**

1. Print out this "Child's Library Card Application" (ages 5-12).
2. Complete the application.
3. Bring the completed application to any branch of the Chicopee Public Library.

**PLEASE PRINT**

Child's last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Parent/Guardian Mailing address: \_\_\_\_\_ Apt: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

My address is the same as my child's.

Child's address, if different: \_\_\_\_\_

Home Phone: (    ) \_ \_ - \_ \_ \_ \_

E-mail address for notifications: \_\_\_\_\_ @ \_\_\_\_\_

Child's date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

**PLEASE READ BEFORE SIGNING:**

I verify that this information is correct and I assume financial responsibility for materials borrowed or charges incurred on the library card issued from this application.

I agree to comply with the rules of the Chicopee Public Library and CWMARS member libraries. I understand that this card is not transferable.

\_\_\_\_\_  
 Parent/Guardian name – Please print

\_\_\_\_\_  
 Parent/Guardian signature Date

**STAFF USE ONLY:**

Date: \_\_\_\_\_ Staff initials: \_\_\_\_\_

Barcode: \_\_\_\_\_ PID # \_\_\_\_\_

Form of ID:  License  Postcard \_\_\_\_\_  Other \_\_\_\_\_

Date mailed