

1000 BOOKS BEFORE KINDERGARTEN

Application

Child's Name: _____

Age: _____

Library Card Number (if applicable): _____

Would you like your child to receive their own library card? Yes No

Parent's Name: _____

Library Card Number: _____

Phone Number: _____

Email: _____

You will be contacted at the above number once your application is reviewed.



Library Use Only

Date Received: _____

Received By: _____

Date Approved: _____

Contacted? Y / N Date: _____

Comments: _____

Create Card? Y / N

Card Number: _____