

**JONATHAN BOURNE PUBLIC LIBRARY  
JUVENILE REGISTRATION FORM**

Where does Parent / Guardian vote? Town/City \_\_\_\_\_ State \_\_\_\_\_

Have you ever had a CLAMS Card? (Most Cape or Islands libraries) Yes \_\_\_\_\_ No \_\_\_\_\_

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

**LOCAL INFORMATION**

MAILING ADDRESS Street \_\_\_\_\_ P.O. Box \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE (\_\_\_\_\_) - \_\_\_\_\_

**LEGAL RESIDENCE INFORMATION** (Complete only if different from above.)

MAILING ADDRESS Street \_\_\_\_\_ P.O. Box \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE (\_\_\_\_\_) - \_\_\_\_\_

BIRTHDATE (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

EMAIL \_\_\_\_\_

JUVENILE SIGNATURE \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION:** (Complete address portion only if different from above address.)

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

MAILING ADDRESS PO Box \_\_\_\_\_ Street \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_\_) - \_\_\_\_\_

As a parent / guardian, I agree to be responsible for my child's materials borrowed with this card, and to ensure compliance with all the rules and regulations of the library, including immediate notification of changes to the above information.  
\_\_\_\_\_  
Signature Date

**IDENTIFYING DATA - STAFF USE ONLY**

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Military ID# \_\_\_\_\_

Other ID# \_\_\_\_\_ Issuing Agency \_\_\_\_\_

CLAMS CARD # 10113 \_\_\_\_\_ /10113 \_\_\_\_\_

Staff Initials \_\_\_\_\_ Date \_\_\_\_\_