CHILD REGISTRATION (Ages 0-14)
SKC/D’Arcy McNickle Library Registration

Child’s Name and Contact Information:

Last Name________________________________ First Name_________________ Middle Initial_______
Mailing Address______________________________________________________________
City, State, Zip_______________________________________________________________
Phone_____________________________ Reference Phone__________________________
Email(s) ____________________________________________________________

**Parent or Guardian**: Please read the following statements below, determine the appropriate permissions and sign/date:

Internet Use Consent:

I give my permission for my child to use the Internet computers on his/her own at the D’Arcy McNickle Library. _____YES _____NO

I understand that it is my responsibility as a parent or guardian to supervise and monitor my child’s use of the Internet. _____YES _____NO

Circulation Privileges:

My child may borrow “PG-13” Rated Videos. _____YES _____NO

My child may borrow “R” Rated Videos. _____YES _____NO

My child may borrow books from the Manga/Graphic Novel Collection. _____YES _____NO

Fines & Fees:

I understand that any outstanding charges for overdues, lost item or damaged item fees will be transferred to my adult library account. _____YES _____No

Parent/Guardian Signature: ______________________________________________________
Parent/Guardian Printed Name: ___________________________________________________
Date: __________________________

****************** Parent’s Identification: ________________________________ Parent’s Patron Number: _____________
Child’s Patron Number: ________________________ Staff Member: ___________