



500 Gill Street, Orillia, Ontario L3V 4L1 • Telephone (705) 325-2338 • Fax (705) 327-1744

## CHILDREN'S FIRST MEMBERSHIP FORM

Orillia Public Library is committed to protecting the privacy of our members and all customers who visit our library or website. We are governed under the Municipal Freedom of Information Act and Protection of Privacy Act and the Public Libraries Act. This information is collected under the authority of the Public Libraries Act, RSO 1990, Chapter P44, Section 23, Subsection 4, and will be kept confidential. The information collected will be used for library purposes only. Any questions regarding collection of this information should be directed to the library's Chief Executive Officer.

**\* Please Print** Date \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

### Primary Home Address or Mailing Address

\_\_\_\_\_

\_\_\_\_\_ Apt/Unit, PO Box No. \_\_\_\_\_

City/Township \_\_\_\_\_ Postal Code \_\_\_\_\_

Home phone no. \_\_\_\_\_ Bus./Cell phone no. \_\_\_\_\_

**Parent's E-mail Address** \_\_\_\_\_

*If you are a seasonal resident, or have an alternate address:*

**Alternate address** \_\_\_\_\_

\_\_\_\_\_ Apt/Unit, PO Box No. \_\_\_\_\_

City/Township \_\_\_\_\_ Postal Code \_\_\_\_\_

Home phone no. \_\_\_\_\_ Bus./Cell phone no. \_\_\_\_\_

Pre-school \_\_\_\_\_ Elementary \_\_\_\_\_ High School \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

**\* Please complete the reverse side also. Thank you**

**Orillia Public Library uses the information we collect for the following purposes:**

- to provide library services
- to assist us in the collection of outstanding items and accounts
- to respond to inquiries about library services
- to solicit support for library programs and services
- to meet legal requirements

This membership form has been prepared for your review and signature. In order for the library to issue a membership card to any child age 13 and under, this form must be completed and returned to library staff.

Please be aware that the Orillia Public Library Board's approved Circulation Policy permits children access to all material formats in our system.

By signing this form, you, the parent/guardian, are assuming full responsibility for the choice, use, return of all materials borrowed and for charges on items that are overdue, lost or damaged on your child's card.

The library cannot withhold circulating material from any user regardless of age, or deny them access to the Internet.

Parents/guardians of children under the age of 16 are entitled to access their child's circulation record upon request.

Parents/guardians are responsible for ensuring that their child will obey the rules and regulations of the Orillia Public Library.

I agree to all of the above:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address of Parent/Guardian (if different)  
\_\_\_\_\_

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Signature

**FOR STAFF USE:**  
Category: PS \_\_\_\_ EL \_\_\_\_ HS \_\_\_\_ AD \_\_\_\_ VOL \_\_\_\_ **INPUT BY:** \_\_\_\_  
Type: ORI \_\_\_\_ SEV \_\_\_\_ ORO \_\_\_\_ LAKEH \_\_\_\_ RECIPB \_\_\_\_ RECIPM \_\_\_\_ NR \_\_\_\_