

JUVINILE Library Card Application
(Preschool through 6th Grade)



Brockton Public Library
Old Colony Library Network (OCLN)

**I apply for the right to use the Library and promise to abide by all its rules, to take good care of all materials I borrow, to pay all fines or damages charged to me, and to give prompt notice of change in my address, telephone number, or email address. If library card is lost or stolen please report to the Library immediately.*

First Name: _____ Middle: _____ Last: _____

Address: _____ APT: _____ City: _____ State: _____ Zip: _____

Primary telephone number: _____ - _____ - _____ Date of Birth: _____

Email address: _____

(Used for library notifications and holds)

Text message notifications are available
Scan for more information.



Parent/Legal Guardian Name (Print): _____

Parent/Legal Guardian Signature: _____

**Picture ID with current address required to obtain a library card.*

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