

Library Card Application



United Way
Center for Excellence
in Early Education

Please print your name as you would like it to appear on your records:

First Last Middle

Street

City State & Zip code

Mailing Address if different:

First Last Middle

Street

City State & Zip code

Employment Information *(For Educator's only)*:

Name: _____

Street

City State & Zip code

Email address: _____

By including my email address, I give permission for the Center for Excellence Resource Library to use this email to keep me informed of all library events and services.

Preferred Contact No: (___) ___ - _____ Home No: (___) ___ - _____

Preferred Language _____

Birth Date: ____ / ____ / ____

As a patron of the Resource Library, I assume financial responsibility for the materials borrowed on this card and agree to follow all the policies and procedures of the United Way Center for Excellence in Early Education. For the protection of our valuable resources, patrons are required to leave their credit card information on file. By signing below you agree and permit that in the unlikely event that you do not return materials borrowed from the library after 30 days from the due date, for United Way Center for Excellence in Early Education to charge the replacement value of the materials to your credit card as provided.

Credit Card No. _____ Exp: ____ / ____

Signature: _____ Date: _____

I am a:

- Parent
 - Educator
 - Administrator
 - Other
- _____