

# Winona Public Library

## Child Registration Form *(under 16)*



Child's Birthdate	Your PIN number will be the last four digits of your phone number. If you do not have a phone, please select a 4-digit PIN:		PIN
Child's First Name	M.I.	Last Name	
Address			Apt/Room
City		State	ZIP
Phone	<input type="checkbox"/> HOME	<input type="checkbox"/> CELL	County
Parent/Guardian Names			
Parent/Guardian Driver's License Number			
State:	Number:	Name:	
I would like to receive notices via <i>(check one)</i> <input type="checkbox"/> Email or <input type="checkbox"/> Text Message			
E-Mail Address <span style="float: right;">please print legibly</span>			
Cell Phone # <i>(for text messages)</i>			
I agree that I am responsible for all materials checked out on this card and that I will follow all rules and regulations of the library.			
Parent/Guardian Signature			Date
Staff Use Only	Barcode	Initials	
<input type="checkbox"/> POWA			
<input type="checkbox"/> NR FEE PD			