



Child's Name _____

Teacher's Name and School _____

Your child's class is planning a visit to the Council Bluffs Public Library on: _____

Please complete the form and return to you child's teacher by: _____

I do not want my child to receive a card from the Council Bluffs Public Library.

My child has a card from the Council Bluffs Public Library. He/she will bring the card on the day of the visit.

My child has lost his/her card and needs a replacement.

I would like my child to receive a card from the Council Bluffs Public Library.

(Please print all information legibly.)

Child's birth date: _____
month/date/year

Child's **legal** name: _____
Last Name First Name Middle Name

Address: _____
City State ZIP

Phone: _____ 2nd Phone: _____

Parent(s)/Legal guardian(s) name(s): _____

Email: _____

My child has my permission to check out one book from the Library during his/her class visit. The book will be my responsibility, not the school's, to return.

Yes No _____
PARENT/GUARIDAN SIGNATURE