BEE CAVE PUBLIC LIBRARY

YOUTH
Library Card Application

Name:_____ **Date of Birth:** _____
(Please Print)   Last Name   First Name   Middle Initial

Resident of: _____ **Bee Cave**   _____ **Lake Travis ISD**   _____ **Other**

(inside city limits)   (outside city limits but within   (outside city limits and
                            Lake Travis school district)   school district)

Parent or Guardian, please complete the rest of the application with your information.

**Parent or
Guardian:**_____
              Last Name   First Name   Middle Initial

Address: _____
              Street Address   Apt.#   City   State   Zip Code

Texas Driver's License: _____   **Date of Birth:** _____

Home Phone: _____   **Cell Phone:** _____

                                              Phone Carrier: _____

Parent/Guardian E-Mail Address: _____
                                    Library notices for arrived holds, overdues, etc. are sent by email or text.
                                    We do not share email addresses or phone numbers with any other entity.

CIRCLE ONE: I prefer to receive library notices via TEXT or EMAIL.

PIN Number: _____
            Default PIN = last 4 digits of your library card
            number, or choose your own 4-digit PIN.

> **With your 4-digit PIN number and library card number OR your EZ Username and password, you can view your account and renew or request materials online.**

_____ *My child has permission to access the Internet using the public computers in the library even if I am not present. I understand that these computers are unfiltered.*

_____ I agree to follow the policies of the library, and to be responsible for fines or charges for overdue, lost, or damaged materials charged to my child's account.

_____   _____
Signature of Responsible Party   Date

For Library Staff Use Only
Application entered on_____ by _____   Information verified in circ on_____ by_____

Email confirmed on _____ by_____