

DIVISION OF EDUCATION, RESEARCH & TECHNOLOGY



Library Registration Form - Children

Requirements for Registration Child's Birth Certificate/Passport Parent/Guardian Identification Card, Driver's Permit or Passport Proof of Parent's/Guardian's current mailing address no more than three months old (utility bill/bank statement)

Please Print Clearly (Block Letters)

CHILD'S NAME:			
(Surname)	(First)		(Middle)
	DD/YYYY) GENDER:	м F	
HOME ADDRESS:			
EMAIL ADDRESS:			
HOME NUMBER:	MOBILE NUMBER:		
NAME AND ADDRESS OF SCHOOL:			
PARENT'S/GUARDIAN'S NAME: (Surname)			(First)
PARENT'S/GUARDIAN'S IDENTIFICATION NO:		DP PP	ID
BUSINESS ADDRESS:			
BUSINESS PHONE NO:	MOBILE NUMBER:	F	AX:
E-MAIL ADDRESS:			
STATEMENT OF RESPONSIBILITY			
I agree to:			
 Comply with library rules and regulations Be responsible for materials borrowed To pay assessed charge for lost or damaged items while To notify the Tobago Library Services of any change of a V. To return loaned material by due date VI. To return all materials and pay all charges due 			
By signing this application I also agree to receive promotional	material and other notices f	rom NALIS via e-mail and	text messages.
PARENT'S/GUARDIAN'S SIGNATURE:		DATE: _	
FOR OFFICIAL USE ONLY			
REGISTRATION NUMBER:			
PIN NUMBER:			

SIGNATURE OF LIBRARY STAFF: _____