

## Winton Library Membership Application - Child

Winton Shire Council is the provider of this Public Library service. Council is committed to offering a welcoming, inclusive and stimulating environment where a love of reading is nurtured, and library users can meet their educational, information and recreational needs.

**Operational hours: Monday to Friday 9.30am – 4.30pm, Saturday 9.30am – 11.30am, Closed Sundays.**

**Fees/Charges:** Membership is free.

**Our Mission:** To build and enrich our community through sustainable library services, supporting and promoting quality learning, lifestyle and diversity.

### Child/Young Person Details

Surname		Given Name	
Date of Birth		Male/Female	

### Parent/Guardian Details

Surname		Given Name	
Residential Address			
Postal Address			
Contact Number		Email Address	

### Internet Usage / Photography

### Consent

Internet	Persons under the age of 18 years wishing to use the internet service provided by the library, requires the permission of their parent/guardian. As the parent/guardian you are responsible for the suitability of information addressed by your child/young person in your care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Programs	Please indicate if you consent to your child/young person using the following library services – Storytime, holiday programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photography	Staff may take photos of children during library activities for promotional purposes, to be displayed in the library or on social media.	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Declaration

I acknowledge that I have read and understood the Library Membership Policy, and I agree to:

- Abide by the policy requirements.
- Be responsible for all items borrowed using my Library Card.
- Pay for all charges pertaining to overdue, lost or damaged items.

Note: The non-return of library items will result in Council taking appropriate Legal action to recover same.

Parent/Guardian Name		Parent/Guardian Signed	
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### Library Use Only

Borrower ID No		Driver's Licence No:	
<input type="checkbox"/> Concession Card No.	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Medicare Card No.	<input type="checkbox"/> Other .....
Staff Name			
Staff Signature			
Date		Date Entered	

