



**Baltimore County Public Library Student SAIL Registration**

PLEASE PRINT

Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_

Student's Middle Name: \_\_\_\_\_ Jr. / Sr. / I / II / III: \_\_\_\_\_

Student's Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Parent's Home Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Parent's Cell Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone Service Provider (for example, Verizon, Sprint, etc. Must indicate to receive text notification): \_\_\_\_\_

Parent's Email: \_\_\_\_\_

BCPL will contact you when requested material is available for pickup, to alert you that materials are due, etc. How would you prefer to be notified?

Notification Preference (choose one):  Email\*\*  Phone (home)  Phone (cell)  Text

\*\*Interested in E-Receipts?  Yes  No

Interested in Text Notification:  Yes  No (if yes, must enter cell phone service provider – above)

Student's Gender:  Male  Female

Student's Birth Date (MM/DD/YYYY): \_\_\_\_\_

**Parent/Guardian**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Parent/Guardian Driver's License #: \_\_\_\_\_

**School and Class Information:**

School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

*For parents/guardians of applicants under the age of 18:*

**Parental Authorization:**

My child, under the age of 18, has permission to obtain a library card from the Baltimore County Public Library. I understand that I am responsible for any fees related to any borrowed materials.

Parent/Guardian Signature: \_\_\_\_\_

-----Do Not Write Below This Line-----

Barcode # \_\_\_\_\_ Patron Code: **Juvenile**

School affiliation field: SAIL (enter for **Baltimore County Public School** students only)

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Entered by: \_\_\_\_\_ rev. 12/2015