School_____ Teacher_____

Date & Time of Tour _____

IDEA|EXCHANGE™

Dear Parent or Guardian:

Your child will be coming to the public library for a class visit. Please complete this form and return it to your child's teacher.

Section 1 *and* 2 must be completed for *every* child:

1. Library membership verification. Please check one of the boxes below and proceed to section 2:

- ☐ My child does not have a library card and has *never* been a member of the Cambridge Public Library.
- ☐ I cannot remember if my child has ever had a library card.
- ☐ My child *had* a library card, but it is has been misplaced.
- ☐ My child has a library card and will bring it for the visit.

2. Address verification. Please fill in all the fields below.

CHILD'S LAST NAME | CHILD'S FIRST NAME | CHILD'S MIDDLE NAME

UNIT/APARTMENT # | STREET # | STREET NAME

CITY | POSTAL CODE | HOME TELEPHONE

M or F

CHILD'S GENDER

D D M M Y Y

CHILD'S BIRTHDATE

PARENT'S LAST NAME | PARENT'S FIRST NAME | PARENT'S MIDDLE NAME

I understand that a library card issued to my child provides access to all library materials except videos and DVDs. I agree to have my child comply with all library regulations and I accept responsibility for all materials borrowed with this card. I also acknowledge that it is my responsibility to advise my child on a suitable choice of reading and listening materials.

Parent's/Guardian's Signature: _____

Your address will be verified by your child's teacher using school records. Collection of information on this form is subject to the provisions of the Municipal Freedom of Information and Protection of Personal Privacy Act. Use of this information will be limited to library and gallery related activities and may include the retrieval of library materials, fundraising and the delivery of program information.