

|                       |  |         |  |
|-----------------------|--|---------|--|
| School                |  | Teacher |  |
| Date and 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 Idea Exchange/Cambridge Public Library.
- I cannot remember if my child has ever had a library membership card.
- My child had a library membership card, but it is has been misplaced.
- My child has a library membership card and will bring it for the visit.

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

#### CHILD'S INFORMATION

|           |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|--|
| Last Name |  |  |  |  |  |  |  |  |  |  | First Name |  |  |  |  |  |  |  |  |  |  | Middle Name |  |  |  |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|--|

|                  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |
|------------------|--|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|--|
| Unit/Apartment # |  |  |  |  |  |  |  |  |  |  | Street # |  |  |  |  |  |  |  |  |  |  | Street Name |  |  |  |  |  |  |  |  |  |  |
|------------------|--|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|--|

|      |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|--|
| City |  |  |  |  |  |  |  |  |  |  | Postal Code |  |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|--|

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|------------------|--|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|--|
| Home Telephone # |  |  |  |  |  |  |  |  |  |  | Birthdate (DD/MM/YY) |  |  |  |  |  |  |  |  |  |  |
|------------------|--|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|--|

#### PARENT/GUARDIAN'S INFORMATION

|           |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|--|
| Last Name |  |  |  |  |  |  |  |  |  |  | First Name |  |  |  |  |  |  |  |  |  |  | Middle Name |  |  |  |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|--|

I understand that a library card issued to my child provides access to all library materials except video games 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 or 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.