



FORT
FRANCES
PUBLIC LIBRARY
TECHNOLOGY CENTRE

Emo Public Library

Rainy River District Library Cooperative-Student Registration Form

School	_____	Grade	_____	Student Number	_____
Last Name	_____	First Name	_____	Middle Initial	_____
Date of Birth	_____	Gender	_____		
Parent/Guardian Name	_____				
Phone Number	_____		Mobile Number	_____	
Local/Mailing Address	_____				
Email Address (optional)	_____				
HOME LIBRARY (PUBLIC LIBRARY)					
Atikokan Public Library					
Emo Public Library					
Fort Frances Public Library Technology Centre					
ACCEPTANCE OF RESPONSIBILITY:					
I will be responsible for all materials checked out on this card, unless I have previously reported the loss of the student's card.					
I will report a lost or stolen card, or any change of personal information (name, address, phone, email), immediately to the Public Library.					
I will comply with all Public Library rules and policies. Rules and policies are available at the Public Library. I understand that there will be charges for overdue, lost, damaged and stolen library materials and I agree to accept all charges.					
I understand that the Public Library provides access to a broad range of resources and that it is my responsibility to judge for myself and for my children or minor dependents what resources are appropriate for my/our personal use.					
INTERNET:					
I realize that the Public Library has an Internet Access Policy and that I am responsible for my student abiding by Public Library policies. (links to policies are on the back of this form)					
PRIVACY:					
Personal information on this form is collected under the authority of the Public Libraries Act, R.S.O 1990, c. P 44, and is subject to the provisions of the Municipal Freedom of Information and Personal Privacy Act. This information is used to manage library operations only.					
Parent/Guardian Signature	_____			Date	_____