CHILDREN/YOUNG PEOPLE Membership Application Form to join all Kensington and Chelsea libraries

Membership is free. Please complete this form in CAPITALS. You will need to present it to a member of library staff with one official document proving your name and address. Thank you.

Family name:__________________________ First name:__________________________
Address:_______________________________________________________________
_______________________________________________________________
Telephone No:__________________________ Mobile No:__________________________
Email address:__________________________ Date of birth:__________________________

Are you a:  □ Boy  □ Girl
Do you have a disability?  □ Yes  □ No
If yes, what is the nature of your disability?  □ Physical  □ Mobility  □ Hearing  □ Visual  □ Other

Please tick the box which best describes your ethnicity:
□ Asian/Asian British – African Indian  □ Mixed – White and Black African
□ Asian/Asian British – Bangladeshi  □ Mixed – White and Black Caribbean
□ Asian/Asian British – Indian  □ Mixed – White and Other
□ Asian/Asian British – Pakistani  □ Moroccan Arab
□ Asian/Asian British – Any other  □ Other Arab
□ Black/Black British – African  □ Somali
□ Black/Black British – Caribbean  □ White – British
□ Black/Black British – Any other  □ White – Irish
□ Chinese  □ White – Other European
□ Filipino  □ White – Any other
□ Mixed – White and Asian  □ Any other
If you are under 16, please ask your parent or guardian to fill in this section.
I am the parent or guardian of the applicant. I certify that the details are correct and I accept responsibility for items borrowed.

Name:__________________________
Signature:__________________________ Date:__________________________

I give permission for my son/daughter to use the internet at the Library.
YES/NO (please delete as appropriate)

STAFF USE ONLY:
Are you aware of Bookstart:  □ Yes  □ No
Have you received your Bookstart pack:  □ Yes  □ No
Card Number:__________________________
Patron Type:__________________________
Staff name:__________________________