



DISCOVERY BAG LIBRARY SERVICE APPLICATION

Full Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Birth Date _____

How many children are you currently caring for (other than your own)? _____

What are the ages of the children you are caring for? _____

Do you care for children from two or more families? Yes _____ No _____

Please read the following before you sign this application:

1. I assume full financial responsibility for the contents of each Discovery Bag that I borrow, if those materials are damaged, destroyed or lost.
2. I will follow the library's delivery schedule and be available at the time designated for delivery to my home.
3. I will call the library before 9:30 a.m. if I cannot meet the delivery schedule.
4. I will have the Discovery Bag and its contents ready to be picked up at my designated delivery time.
5. I will not return the Discovery Bag or any of its contents checked out to me to any Delaware County District Library facility. I understand that the bag and all contents will be picked up at my home by the Outreach Services Department of the library.
6. I understand that if any items are missing from the bag, a new bag will not be left.
7. I understand that this delivery service is for children's material only.
8. I understand that the library reserves the right to discontinue the service of Discovery Bags to my home if I do not abide by these rules.
9. The Delaware County District Library cannot be held responsible for any injuries that may occur from the use of the Discovery Bag and/or its contents.

APPLICANT: PLEASE READ AND SIGN

In signing this application, I agree to take care of the Discovery Bag that I borrow from the Delaware County District Library, to obey the rules of the library, to pay for any Discovery Bag material that is damaged, destroyed or lost, and to give prompt notice of any change of address.

Name

Date

Staff Use Only: Staff initials _____

Barcode _____