

# Cherry Hill Public Library 1000 Books Before Kindergarten Application

Child's Last Name \_\_\_\_\_

Child's First Name \_\_\_\_\_

Library Card Number \_\_\_\_\_

Child's Age: \_\_\_\_\_

**Child's Birthday:** \_\_\_\_\_

-----Parent/Guardian Information-----

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

