



St. Maximilian Kolbe Catholic Community Williford Library – Family Registration Form

Reference

[Bar Code-Primary]

Family (**Last**) Name: _____ Date: _____

Primary Contact Name: _____

Phone Nos: _____ - _____ - _____ (Home / Cell) _____ - _____ - _____ (Home / Cell)

E-Mail Address: _____ @ _____ . _____

Address: _____
(Street)

_____ (City) _____ (State) _____ (Zip Code)

Are you a Registered Member of our Parish? (Yes / No)

Names of Other Family Members who will use the Library:

[(**S**)-spouse, (**C**)-child, (**H**)-other household member]

_____ () _____	_____ () _____
_____ () _____	_____ () _____
_____ () _____	_____ () _____
_____ () _____	_____ () _____

Are you or any of your family interested in **volunteering** in the Library? (Yes / No)

Are you interested in receiving notices about **Children's Story Time**? (Yes / No)

If "Yes", preferred contact :

_____ (Name) and _____ (H)ome or (C)ell phone or (E)-mail

I agree to accept responsibility for any materials lost or damaged by a family member.

Signature: _____
(of primary contact)

Library Office Use only:

New: Entered Date _____ By _____ Existing: Revised Date _____