

## Our request to parents who permit their children under 7 years of age to use the Stadtbibliothek (library):


1. Please print this page;
2. complete the registration form in block capitals;
3. please sign at the space indicated; and
4. submit it during your first visit with your child in the library.

Registration forms will also be available in the libraries.

You can complete these forms there and then have a library card be issued for your child.

The use of the Mannheim library (Stadtbibliothek Mannheim) and loan out of books and other media **is free for children and adolescents under 18 years of age** (with a few exceptions such as loaning out of movies).

### Registration form:

Please complete in block capitals!	<b>REGISTRATION</b> <small>Children under 7 years of age</small>	<b>STADTBIBLIOTHEK MANNHEIM</b> 	I herewith register my child and agree to ensure that the media loaned out by him/her are returned in time and in proper condition. I am prepared to pay for any damages or loss. I agree to comply with the user regulations and the special regulations for the use of the Internet. I will be liable for any damages and financial obligations which might result from the use of the Internet. I am under the obligation to furnish information about the use to the staff of the library.						
	Family name of the child: _____	<table border="1" style="width: 100%;"><tr><td style="width: 33%; height: 20px;"></td><td style="width: 33%; height: 20px;"></td><td style="width: 33%; height: 20px;"></td></tr><tr><td colspan="3" style="text-align: center; font-size: small;">Remarks of the library</td></tr></table>				Remarks of the library			<p>First name and surname of the parent/s or legal guardian/s: <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. _____</p> <p>Signature of the parent or legal guardian: _____</p> <p>E-mail address: _____</p>
	Remarks of the library								
	First name of the child: _____	Date of birth of the child / adolescent: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female							
	Street name and house number: _____	Phone: _____							
Zip code: _____	city: _____								
_____									