Homework Zone Registration

By signing this form you agree to the following:

Parent / Guardian:

I agree to allow my child to attend the Waitakere Library and Information Services Homework Zones. I understand that I am responsible for my child's safety and behaviour while at the Library.

I understand that my child may be given vouchers for free DVD rentals

Child:

I agree to abide by the rules of the Library and Learning Centre. I understand that computers assigned to me during homework zone are for homework use only.

Child's Name: _____ _____ **Date of Birth:** _____
First Last

Age: _____

School: _____

Signature: _____ **Date Signed:** _____

Library Barcode:

1 0 0 1 4 0 ☐☐☐ ☐☐☐☐

Parent/Caregiver's Name: _____

Signature: _____ **Date Signed:** _____

WAITAKERE LIBRARY AND INFORMATION SERVICES
Ngā Kākano Mātaurangā O Waitākere
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