Child Safety Seat Application

Section 1- Parent/Guardian Information

Date _____ **Your Name** _____ **Phone** _____
mm/dd/yyyy First MI Last 999-999-9999

Physical Address _____ _____ _____
Street Address City ZIP

Email _____ **Relationship to Child** ◯Mother ◯Father ◯Other _____

Section 2 - Child's Information

Please ONLY list your children who may be eligible for the Child Safety Seat Program

Child's Name _____ **Date of Birth** _____ **Child's Age** ___Years ___ Months
First MI Last mm/dd/yyyy ☐ Unborn

Gender ◯Male ◯Female ◯Prefer to not answer **Weight** _____ LBS

Child's Name _____ **Date of Birth** _____ **Child's Age** ___Years ___ Months
First MI Last mm/dd/yyyy ☐ Unborn

Gender ◯Male ◯Female ◯Prefer to not answer **Weight** _____ LBS

Child's Name _____ **Date of Birth** _____ **Child's Age** ___Years ___ Months
First MI Last mm/dd/yyyy ☐ Unborn

Gender ◯Male ◯Female ◯Prefer to not answer **Weight** _____ LBS

Upon receipt of a child safety seat, I agree to follow all guidelines on proper installation and use it according to the manufacturer's instructions and my vehicles owner's manual. Partnership for Children of Cumberland County is not liable for any damage to or malfunction of the issued child safety seat.

Parent/Guardian Signature _____ **Date** _____

STAFF ONLY

Free Car Seat Approval _____ Date: _____ Purchase: _____

Type of assistance ☐WIC ☐SNAP ☐Medicaid ☐Work First ☐Other _____

Type of Seat

Child #1 ☐Infant ☐Convertible ☐Booster Inventory # _____
Child #2 ☐Infant ☐Convertible ☐Booster Inventory # _____
Child #3 ☐Infant ☐Convertible ☐Booster Inventory # _____

Reviewed by _____ Date _____