



MN CCDF CAR SEAT PROGRAM

Application must be filled out completely or it will be returned for incompleation.

Guardian/Applicant Name: _____ Application Date: _____

Physical Address: _____

City: _____ State: _____ County: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone: _____ email Address: _____

Please provide a copy of your child's tribal membership card and birth certificate or the parent's information if child is under 6 months of age. Pregnant families may pick up their car seat two weeks prior to the estimated birth date but must provide proof of pregnancy and estimated date of birth. You have 30 days after the date of birth to submit proof of birth (hospital record) or you will be asked to return the car seat or pay for the car seat. You may upgrade your seat as your child ages.

Children Needing Car Seat Age 0 to 8

Child	Age	DOB	Weight
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

- I AM A MODOC CCDF CLIENT
- I AM A MODOC EMPLOYEE FAMILY
- I AM A MODOC TRIBAL MEMBER

- Newborn – Infant Seat/Stroller combo
- Age 0 to 2 – Infant/Toddler Seat
- Age 3 to 6 – Toddler Seat
- Age 7 to 8 – Booster Seat

Signature of Guardian/Applicant

Date

May assign a designated pick-up person.

Picked up by: _____
Print

Signature

Date