

Buckle Up Baby Foundation.org

Car Seat Application

One child per car seat application



Name: _____

Address: _____

City: _____ Zip Code: _____ Phone: (____) _____

Annual Income: \$ _____

- You must be currently enrolled in any type of Public Assistance to be considered for this program.
- Be sure to include a copy of proof of low income eligibility.

Please list age, weight, and height of child receiving car or booster seat.

Age: _____ Weight: _____ Height: _____ Sex: M () F ()

*B.B.F. is not responsible for improper usage or manufactures defects.
Please follow manufactures instructions on how to use the car safely and correctly.*

I accept and understand this

X _____ Date: _____

Recipient has received car/booster seat.

X _____ Date: _____

Fill out and mail to: **Buckle Up Baby Foundation**
1410 Artesia Blvd.
Redondo Beach, CA 90278

(310) 801-4818
(424) 247-9418 Fax
Contact@BuckleUpbabyFoundation.org