



## **Car Seat Intake Form**

**Name:**

**Date:**

**Address:**

**How many child(ren) do you have:**

**Age(s) of your child(ren):**

**Last known weight of your child(ren):**

**Make and model of your car:**

**Model of car seat:**

**Do you want your car seat installed in the safest spot in the car, or would you prefer a specific spot?**