

**Application for Child Passenger Safety Seat**  
(One Seat Per Child Redeemable One Time Only up to 8 years old)



Tribal Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Wyandotte Parent Enrollment Number: \_\_\_\_\_

Reimbursement up to \$200.00—*Receipt must be attached with eligible dates/Oct.1 to Sept. 30 of current year*

Name of person being reimbursed \_\_\_\_\_

To be purchased and shipped

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

**Expectant Parents:** If you are expecting a child who will be eligible for enrollment with the Wyandotte Nation, please complete the following:

Pregnancy Verification to be completed by a qualified medical practitioner:

On this - \_\_\_\_ day of \_\_\_\_\_, 20\_\_ the patient known as \_\_\_\_\_  
\_\_\_\_\_ had a positive pregnancy test.

Based on this information, her estimated date of delivery is the \_\_\_\_\_, day of  
\_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physicians Printed Name

\_\_\_\_\_  
Physicians contact number

By signing below, I certify that all information is true and correct and that the car seat is being requested for a biological child of an enrolled Wyandotte Nation citizen. Providing false information may result in the loss of tribal services:

\_\_\_\_\_  
Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_