## Safe Rides to Child Care

## **Child Care Provider Transportation Information Form**

Please list everyone who drives children to or from your child care home or center.

<u>Name</u>		Age	<u>Driver's License</u>	Auto	Auto insurance company and policy #	
	describe all		used to pick up or Num Lap l	ber of safety be		
	describe ho Child's Age		l is buckled up. Safety seat with harne			<u>Lap-shoulder belt</u>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

(Continued on the other side)

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<sup>\*</sup>Boosters must be used with lap and shoulder belts.

	Brand name	Model name	re using. (Refer to child numb Model number	Date made
Where	did you get the s	afety seats you ar	e using? (Check all that apply	7.)
Fron	n child's own parent	Purchased new	Purchased used Borro	owed or donated
Have tl	he safety seats be	en inspected by a	<b>Certified Child Passenger</b>	Safety Technician?
Yes	No	Don't know		
Have y	ou ever attended	a class about car	safety seats and safety belt	s?
Yes	No	If yes, please describ	e (when, where, how long was the	e class?)

**SafetyBeltSafe** U.S.A. P.O. Box 553, Altadena, CA 91003 www.carseat.org 310/318-5111 800/745-SAFE (English) 800-747-SANO (Spanish)

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