

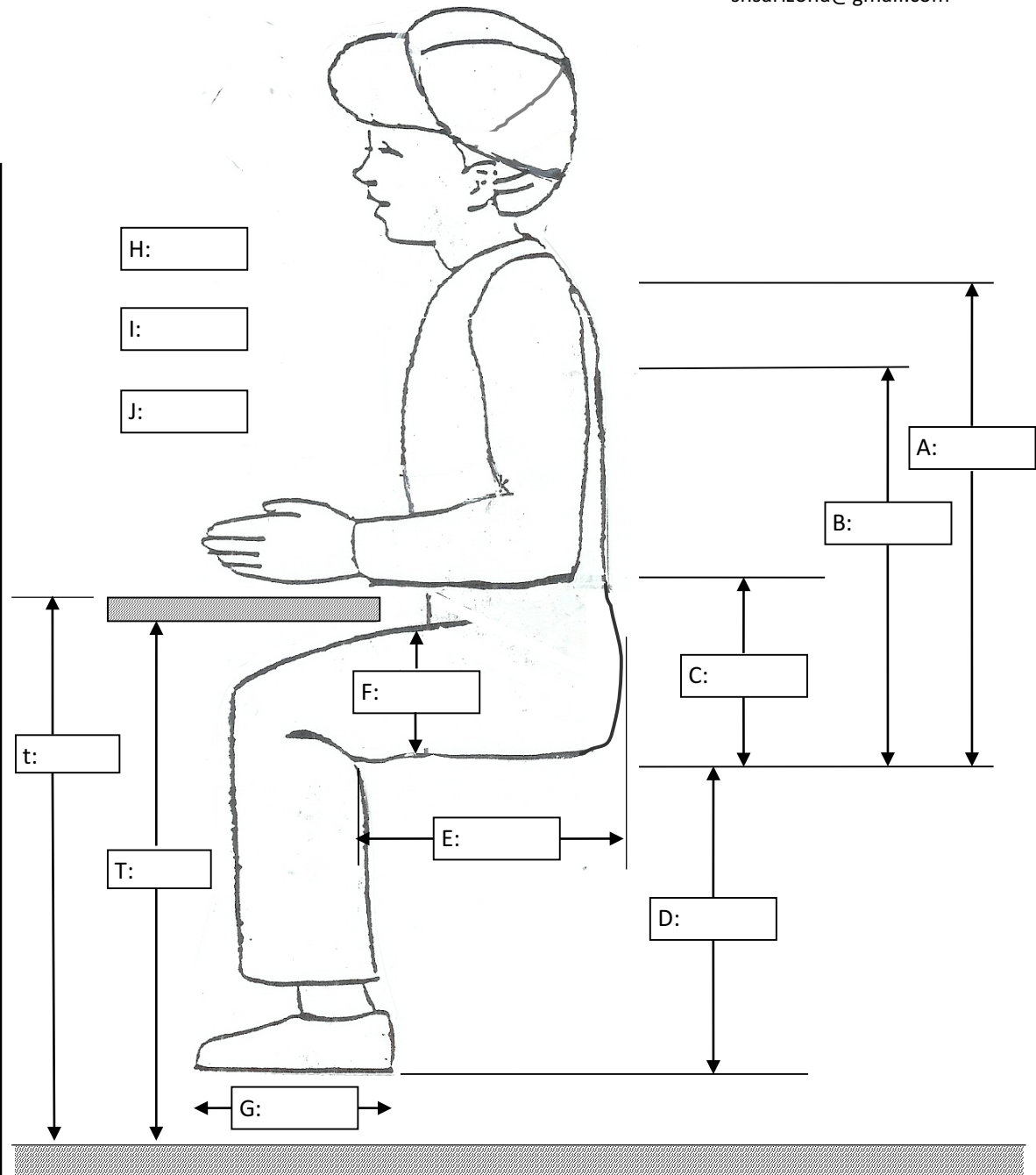
High Chair Measurement

Special Needs Solutions
 (520) 838-0987
 snsarizona@gmail.com

Date: _____

Person: _____

- A – From seat to top of shoulder.
 - B – From seat to armpit.
 - C – From seat to bottom of elbow held at 90 degrees.
 - D – From bottom of child’s shoe to crease at back of knee.
 - E – From back of seat to crease at back of knee.
 - F – From seat to top of thigh.
 - G – Length of shoe.
 - H – Belly circumference.
 - I – Desired chair width.
 - J – Desired chair back height.
- If fitting chair to an existing table:*
- T – From floor to underside (skirt) of table.
 - t – From floor to top of table.



High Chair and Tray

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Person: _____

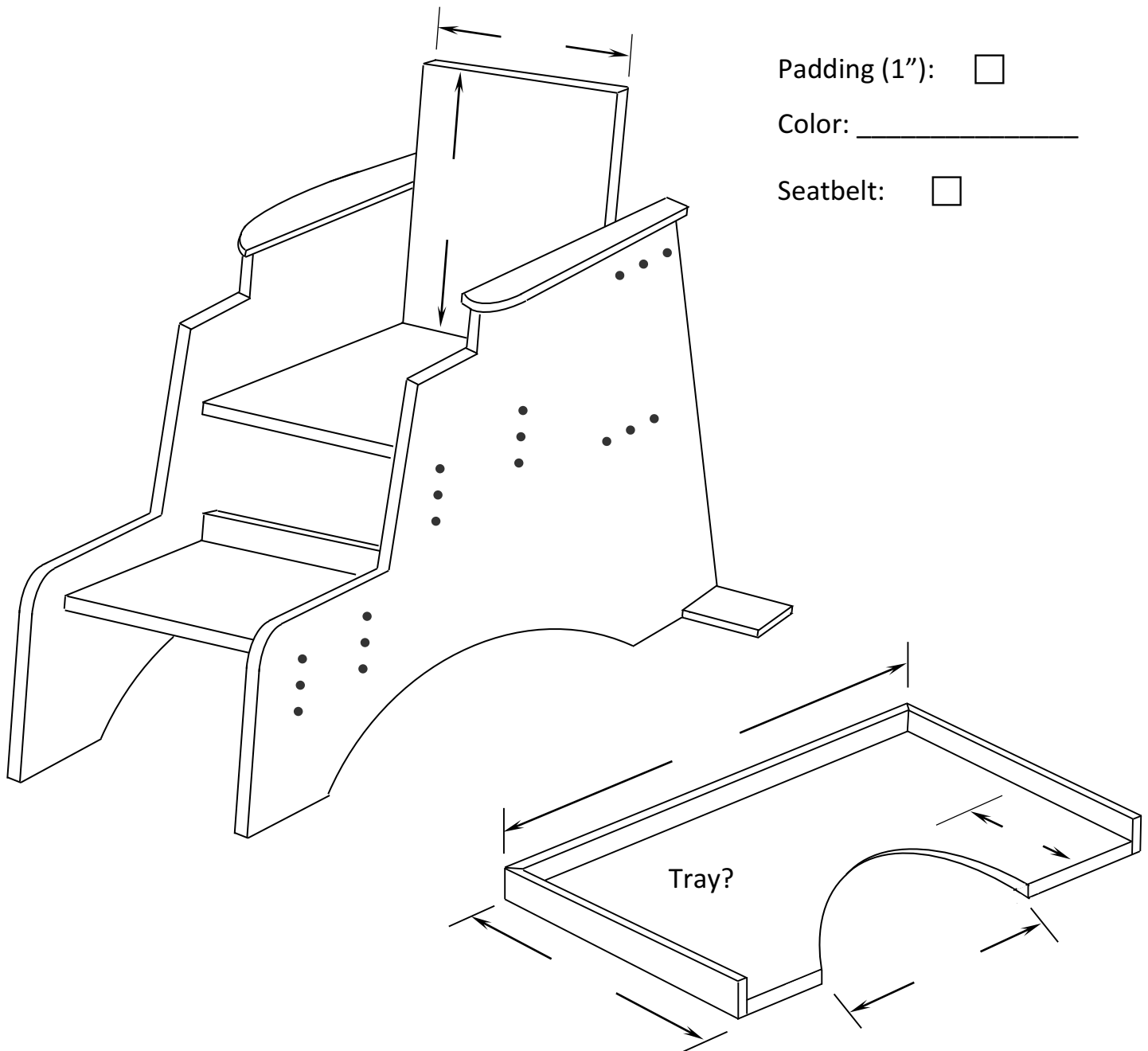
Date: _____

Referred: _____

Invoice: _____

Contact: _____

Bill To: _____



Padding (1''):

Color: _____

Seatbelt: