

Health Mart Children's Free Vitamin Program enrollment form



This program offers each child in your family, ages 2-12, a FREE 30-day supply of Health Mart® Children's Chewable Multi-Vitamins each month.

Fill out this form to receive your punch card and first month's supply of vitamins.

Today's date: _____

Parent/guardian name: _____

Street address: _____

City, state, zip: _____

School: _____

Telephone: _____

Email: _____

Children in home (to be enrolled):

Name: _____ Date of birth: ____/____/____ Grade: _____

Name: _____ Date of birth: ____/____/____ Grade: _____

Name: _____ Date of birth: ____/____/____ Grade: _____

Name: _____ Date of birth: ____/____/____ Grade: _____

Signature of parent/guardian: _____

**Colonial Village
Pharmacy**

