



REGISTRATION FORM

Free Vitamins for Kids

Today's Date ____/____/____

Parent's Name _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

Cell Phone* _____

Email* _____

*We must have one of these for you to receive reminder notifications.

1st Child's Name _____

Child's Date of Birth _____

2nd Child's Name _____

Child's Date of Birth _____

3rd Child's Name _____

Child's Date of Birth _____

Please use additional form to enroll more children.

Your child's vitamins will be automatically filled every 30 days.

You will receive a text reminder when they are ready.