



Healthy Kids Free Vitamin Program Enrollment Form

This program offers each child in your family, ages 2 to 14, a FREE 30-day supply (dosage: ages 2 to 4 years take one pill per day, ages 5 to 12 years take two pills per day) of *Good Neighbor Pharmacy Children's Chewables Complete Multi-Vitamins* each month.

Fill out this form and return it to Medical Associates Pharmacy or Clinic Pharmacy to receive your punch card and first month's supply of *Good Neighbor Pharmacy Children's Chewables Complete Multi-Vitamins* absolutely free. You can pick up a 30-day supply each month for up to one year.

Today's Date: _____

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

School: _____

Telephone: _____

E-Mail: _____

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: _____