



Healthy Kids Free Vitamin Program Enrollment Form

This program offers each child in your family, ages 2-12, 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 bring it into a participating *Good Neighbor Pharmacy* location to receive your punch card and first month's supply of *Good Neighbor Pharmacy* Children's Chewables Complete Multi-Vitamins absolutely free.

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: _____

For more information, visit <http://www.mygnp.com/healthy-kids-free-vitamin-program>.