

FREE KID'S VITAMIN CLUB

Parent/Guardian

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Cell Phone: _____

Email Address: _____

Date of Birth: _____

Children in the household enrolling in this program:

1. Name: _____ M / F Age: ____ D.O.B. _____

Allergies: _____ School: _____

2. Name: _____ M / F Age: ____ D.O.B. _____

Allergies: _____ School: _____

3. Name: _____ M / F Age: ____ D.O.B. _____

Allergies: _____ School: _____

Other responsible parties with permission to pick up (18yrs or older)

Name: _____ Phone: _____

Relationship: _____

