



108 Skyline Drive, Suite B
(479) 968-7180

Healthy Kids Multivitamin Enrollment Form

Today's Date ____/____/____

Parent's Name* _____ Date of Birth* ____/____/____

Street Address* _____

City* _____ State _____ Zip* _____

Phone* _____ Cell _____

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 _____

Parent/Guardian signature* _____

*required information

We must have valid contact information so that we may reach you in the unlikely event of a product recall. We will never sell or share your information to a third party. We may contact you occasionally with information on special events and promotions. If you prefer not to be contacted, please indicate that preference by initialing here _____