



BAYSHORE PHARMACY
2 BAYSHORE PLAZA
ATLANTIC HIGHLANDS, NJ 07716
(732) 291-2900 (732) 291-2900

www.BayshorePharmacy.com
E-Mail: Manager.BayshorePharmacy@comcast.net

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 to Bayshore Pharmacy to receive your punch card and first month's supply of *Good Neighbor Pharmacy Children's Chewables Complete Multi-Vitamins* absolutely free.

Parent/Guardian Name: _____ Today's Date: _____

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 MyGNP.com/VitaminProgram

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