

Referral Form

Referring parents name: _____

Date: _____

Child that is being referred: _____

Start date of child: _____

I meet the following criteria:

1. I pay regular full time tuition for my child.
2. I do not receive any other discounts.
3. I do not have vouchers for my child.
4. I will not get the \$50.00 bonus until after the child has been here for 90 business days
5. If my child receives vouchers I will get a \$20 per referral bonus not the \$50 as stated above
6. I can only collect if my child is an enrolled and attending student.
7. I presented a complete referral form to the director for signature.
8. I may only use the bonus one at a time.

(See all other criteria in the parent handbook in order to qualify for the bonus)

Parent signature: _____ date: _____

Director signature: _____ date: _____