

Refer a Friend



Simply complete this slip and return it to the Centre Director at your centre in order to receive a \$100 credit on your account and for your friend to receive their 4th week free*.

Your Name: _____

Your Friend's Name: _____

Your Friend's Contact Number: _____

Their Children/s Name/s: _____

Children's Age/s: _____

Days Required (circle): MON TUES WED THURS FRI

Commencement Date Required: _____

* The referred child needs to be enrolled for a minimum of two days per week for three weeks to receive the fourth week free and for you to be eligible for the \$100 credit on your account. Not in conjunction with any other offer. For new enrolments only. Must be on Ezi Debit and fees must be one week in advance.

CENTRE USE ONLY

Date child commenced at centre: _____

Has the child been enrolled for two days or more: Y/N

Has the child attended for four weeks: Y/N

Has the credit been given to account: Y/N