

REFER A FRIEND

and receive

\$150 credit



Simply complete this slip and return it to the Centre Director at your centre in order to receive a \$150 credit on your account and for your friend to receive one week FREE enrolment*

Your name:

Please use CAPs

Your friend's name:

Please use CAPs

Your friend's contact number:

Their child/children's name(s): 1.

Please use CAPs

2.

Please use CAPs

3.

Please use CAPs

Child/children's age(s): 1.

2.

3.

Days required (min of two):

MON

TUES

WED

THURS

FRI

Commencement date required:

 / /

Please write as DD / MM / YY

* The referred child/children needs to be enrolled for a minimum of two days per week for four weeks to be eligible for the 'One Week Free Child Care' offer and also for you to be eligible for the \$150 credit on your account. This offer cannot be used in conjunction with any other offer. For new enrolment only.

CENTRE USE ONLY

Date child commenced at centre:

Has the child attended for four weeks: Y / N

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

Has the credit been given to account: Y / N



Early Learning Services
Committed to Child Care