

We Teach 2

Parent Referral Plan Discount Form

Referring Family _____

New Family _____

Date New Family Started _____

Program New Family
Enrolled In:

Infant ___ Toddler ___ Two's ___ Three's ___ Four/Five's ___ School Age ___

All items in Parent Referral Discount Policy have been met by the NEW family.

_____ Yes _____ No → List incomplete items: _____

All items in Parent Referral Discount Policy have been met by the REFERRING family.

_____ Yes _____ No → List incomplete items: _____

Referring Family's Discount: \$ _____

Referring Family's Rate Due: \$ _____

Discount Will Be Applied To: Week of _____, 20__

Referring Parent's Signature _____

Director's Authorized Signature
