

Referral Program Form

Name of Referring ACWLC Family: _____

Telephone Number: _____

Currently Attending
Child(ren)'s Name(s) _____

Name(s) of Parent(s) and
Address of Family being referred: _____

Telephone Number: _____

Child(ren) Name(s): _____

Which award do you want?

\$100 tuition credit

\$100 check

Signature: _____ Date: _____

Center Use Only

Date of Family Sign-up: _____

Service being provided: _____

Date to Issue Reward: _____

Date Issued: _____

Director Signature: _____ Date: _____

