



Tell a Friend Referral Form

Your Name: _____

Your Service: _____

Friends Name: _____

Friends phone number: _____

Friends children:

- 1. _____ Age: _____
- 2. _____ Age: _____
- 3. _____ Age: _____

Days Required: M / T / W / T / F Start Date: ____/____/____

This form must be completed to be valid. To claim your \$200 rebate, newly referred families must be NEW to Sesame Lane. Referred families must also continue their enrolment for at least 2 full day sessions per week for 6 weeks. Account fees with Sesame Lane must also be paid up to date to be eligible, for both referring and referred families. There is no limit to the number of families you can refer. This Reward is offered on a family basis, not per child.

Office Use Only: Date: ____/____/____ Service: _____
Service Manager Name: _____ Signature: _____