

Parent Referral Form

Please, complete this form and give to Jenn Hosmer, Program Director.

I/We have referred _____ (name of the family member) to enroll at the Children's Center of the Upper Valley.

Your Name: _____

What class is your child currently in? _____

Date you referred the above family: _____

I/We understand that CCUV will credit my tuition account \$100 if this family enrolls at CCUV at stays at least 8 consecutive weeks.

The following must also apply:

- Your child currently attends the Children's Center of the Upper Valley (CCUV)
- The family you are referring has not been enrolled at CCUV in the past 12 months.

Signature: _____ Date: _____

CCUV will contact you when the family enrolls or if after one week after receiving this form the family has not contacted our office about enrolling their child at CCUV.

