

SPREAD THE WORD AND GET REWARDED!



STEP 1:

Tell all of your friends and family about Childrens Lighthouse of Mag Creek. **STEP 2:**

If anyone you referred enrolls their child, you will get a free week of tuition for your oldest child after the new family has been enrolled for 4 full weeks!

We want to help you earn free tuition for referring your friends, co-workers, or family members to us! If you provide us with their name, email address, or phone number, we will make contact with them to explain our program and the value of Childrens Lighthouse.

If the family enrolls, you will be credited a free week of tuition for your oldest child after they have been with us for 4 continuous weeks! Your referred family will also receive free registration upon enrollment (credited to the first week tuition charge).

Referrals are unlimited. Ask the Director or Assistant Director for coupons and they will be happy to assist you.

Thank you for your continued support of our center. We appreciate our families!

4496 W League City Parkway • League City, Texas 77573 281.557.7700 • https://childrenslighthouse.com/magcreek

THANK YOU FOR YOUR VALUABLE REFERRAL!	THANK YOU FOR YOUR VALUABLE REFERRAL!
Complete the following information and give it to your Center Director.	Complete the following information and give it to your Center Director.
Referring Family Name:	Referring Family Name:
Name of Referred Family:	Name of Referred Family:
E-Mail:	E-Mail:
Cell#:	Cell#:
Date Enrolled:	Date Enrolled:
Date Free Registration:	Date Free Registration:
Free Week Date To Be Applied:	Free Week Date To Be Applied:
THANK YOU FOR YOUR VALUABLE REFERRAL!	THANK YOU FOR YOUR VALUABLE REFERRAL!
Complete the following information and give it to your Center Director.	Complete the following information and give it to your Center Director.
Referring Family Name:	Referring Family Name:
	Kelening Failing Name
Name of Referred Family:	Name of Referred Family:
	Name of Referred Family:
Name of Referred Family: E-Mail:	Name of Referred Family: E-Mail:
Name of Referred Family:	Name of Referred Family:
Name of Referred Family: E-Mail: Cell#:	Name of Referred Family: E-Mail: Cell#: