



Play and Learn
Your 1st Choice for Quality Child Care
at Annapolis, Community Place, Hunt Valley,
Odenton, and Scribbles



REFERRAL COUPON

Please complete all areas below and give to the family you are referring.

REFERRED Family:

DATE of Enrollment: ____ / ____ / ____

Which Play and Learn location? Annapolis Community Place Hunt Valley Odenton Scribbles *(Check only one.)*

Parent/Legal Guardian's Full Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name of Child #1: _____ Child #2: _____ Child #3: _____

REFERRING Family:

Parent/Legal Guardian's Full Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Are you currently enrolled in a Play and Learn Program?

Yes, Which location?: _____ No *(Check only one.)*

Are you currently enrolled in a Play Centers' Elementary/Middle School Program?

Yes, Which location?: _____ No *(Check only one.)*

Which gift would you prefer? *(Check only one.)*

Gift 1: 1 week's tuition *(minus any surcharge)* -or- \$150 tuition credit at Play and Learn, whichever is higher

Gift 2: \$150 tuition credit at Play Centers, Inc.

Gift 3: a \$150 Gift Card to Target

REFERRING Parent/Legal Guardian Signature

____ / ____ / ____
Date

FOR DIRECTOR'S USE ONLY:

Please complete the information below and fax the completed form to the Preschool Program Coordinator at 410.296.1075.

DIRECTOR'S Signature

DIRECTOR'S Name (PRINTED)

____ / ____ / ____
Date

FOR PRESCHOOL PROGRAM COORDINATOR'S USE ONLY:

Referral Item Valid 90 Days from Date of Enrollment of Referred Family which would be ____ / ____ / ____.

- Form Faxed to Preschool AR on ____ / ____ / ____
- Form Faxed to School-Age AR on ____ / ____ / ____
- Gift Card Purchased and Mailed on ____ / ____ / ____