

EXTENDED DAY PROGRAM

Child Care Survey



Complete one form for each family

Name of School: _____

Name of Parent: _____

CHILDREN PARTICIPATING

	<u>NAME</u>	<u>GRADE</u>	<u>TEACHER</u>
1.			
2.			
3.			
4.			
5.			

1. Please indicate whether you would utilize Extended Day services if offered:

_____ Yes, I need Extended Day services.

_____ No, I do not need Extended Day services.

2. Please indicate when you are in need of services:

_____ Morning only

_____ Afternoon only

_____ Morning and afternoon

3. Please indicate whether you would use the services on a full-time basis (billed monthly) or drop-in basis (billed daily). (Monthly and drop-in fees are outlined in the attached letter.)

_____ Monthly

_____ Drop In

Comments, Suggestions, or Questions:

Please return this survey by: _____