

To help us determine interest in and plan for our before- and after-school program, we are asking our parents/guardians to complete this survey.

Name: \_\_\_\_\_

1. Are you planning on enrolling your child(ren) in the before- and after-school program?  
 Yes  
 No
2. Do you also have child(ren) in grades 1 to 6, who will also require before and after school care?  
 Yes      If yes, how many? \_\_\_\_\_  
 No

3. Are your child(ren) currently attending a licensed child care program?  
 Yes  
 No

If yes, do you receive fee subsidy to help pay for child care?

- Full fee subsidy  
 Partial fee subsidy  
 Do not receive
4. Would you be interested in additional child care on PD days, statutory holidays and school breaks?  
 Yes  
 No

5. What before-school hours of operation best reflect needs?(Please circle applicable days).  
 7:00am – start of school day Monday Tuesday Wednesday Thursday Friday  
 7:30am – start of school day Monday Tuesday Wednesday Thursday Friday  
 8:00am – start of school day Monday Tuesday Wednesday Thursday Friday  
 Other: \_\_\_\_\_  
 I do not need before school programming.

6. What after-school hours of operation best reflect needs? (Please circle applicable days)  
 End of school day – 5:30pm Monday Tuesday Wednesday Thursday Friday  
 End of school day – 6:00pm Monday Tuesday Wednesday Thursday Friday  
 End of school day – 6:30pm Monday Tuesday Wednesday Thursday Friday  
 Other: \_\_\_\_\_  
 I do not need after school programming

Please sign the below if you give the school consent to share your name and phone number with a potential before and after school provider.

Signature: \_\_\_\_\_