

## Children's Program Assessment

Which program/class(es) did your child attend?

Please describe your child's experience with our program: discoveries, favorite activities, dislikes.

Did s/he look forward to attending? Would she like to return?

Would you be inclined to sign your child up for future events? Why or why not?

What kinds of activities would you like to see offered in the future?

What is your overall impression of Growing Places Creative Learning Center?

How did you hear about Growing Places?

Name\_\_\_\_\_ Email\_\_\_\_\_

*Your input is important to us. Thank you for your help!*