

Parent/Guardian Intake Questions

Your Name: _____

Your Child's Name: _____

Besides coming here, does your child do any other clubs, sports, or activities after school or on the weekends? *(Circle your answer)*

Yes

No

You do NOT have to answer the questions below if you don't want to. However, if you choose to answer, it helps us better understand what you need and want from this program.

When you were deciding to enroll your child in this program, how important to you was each of the reasons below?

Reason	Not Important	Important	Very Important
1. To have someplace for my child to go while I'm at work	Not Important	Important	Very Important
2. To help my child do better in school	Not Important	Important	Very Important
3. To help my child make friends	Not Important	Important	Very Important
4. To help my child stay out of trouble	Not Important	Important	Very Important