

# Learning Tree Day Care, Inc.

Thank you for choosing our center. Please take a moment to fill out this questionnaire. All answers and comments will be used to better our program so please be honest. Any ideas you might have are also welcome.

Atmosphere	Outstanding	6	5	4	3	2	1	Poor	N/A
Customer Service	Outstanding	6	5	4	3	2	1	Poor	N/A
Art Activities	Outstanding	6	5	4	3	2	1	Poor	N/A
Snacks Served	Outstanding	6	5	4	3	2	1	Poor	N/A
Toys Available	Outstanding	6	5	4	3	2	1	Poor	N/A
Out-door Play	Outstanding	6	5	4	3	2	1	Poor	N/A
Field Trips	Outstanding	6	5	4	3	2	1	Poor	N/A
Provider Attitude	Outstanding	6	5	4	3	2	1	Poor	N/A
Overall Satisfaction	Outstanding	6	5	4	3	2	1	Poor	N/A

How often do you use this childcare?  Daily  Weekly  Occasionally  Nights/Weekends

Does the provider consult with you about the care of your child(ren)?  No  Occasionally  Daily

Would you recommend \_\_\_\_\_ to other parents?  Yes  No

If no please tell why:

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What changes, if any, would you like to see in this center?

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What aspects of this childcare, if any, would you like to remain the same?

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Additional Comments:

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Your Name(s) [Optional]: \_\_\_\_\_

Date: \_\_\_\_\_