



# Kids Klub, Inc.



## 2010 Parent Evaluation

Dear Parents:

This is your opportunity to evaluate our program. Evaluations are distributed annually in the month of February. Please complete this form and place it in a sealed envelope, signed or unsigned. We kindly request that all evaluations be returned no later than 3/5/10. Please leave with site director or mail to the address below. For added convenience you may also find this form online at [www.kidsklubri.com](http://www.kidsklubri.com). We value your time and opinion to these matters. Thank you!

Your child's Kids Klub Site: \_\_\_\_\_

Your child's grade: K    1    2    3    4    5    6    7    8

*Based on the experiences of my child and myself in this child care program, I am able to say that:*

| Please select response  | <u>Agree</u>             | <u>Disagree</u>          | <u>N/A</u>               |
|---|--------------------------|--------------------------|--------------------------|
| The director supports us as a family.                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The teachers respond to my child's needs.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel my child has benefited from his/her participation in the program.    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel my child is safe and secure in this program.                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The activities my child participates in are educational.                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My child enjoys the program.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My child consistently receives an appropriate amount of help with homework. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Consistent communication from the site keeps me informed.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The Home Office provides communication to keep me informed.                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The outdoor play area meets my child's needs                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Our Mission

To provide family, youth and child services in a safe, structured, and nurturing environment through a team of dedicated professionals.

462 Smithfield Avenue, Pawtucket, Rhode Island 02860  
Telephone: (401) 723-2277 ~ Fax: (401) 475-4832  
[www.drdaycarefamily.com](http://www.drdaycarefamily.com)

| Please select response   | <u>Agree</u>             | <u>Disagree</u>          | <u>N/A</u>               |
|--|--------------------------|--------------------------|--------------------------|
| The staff demonstrate a positive attitude.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Policies are clear, fair, and consistently enforced.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My child enjoys the meals and snacks served.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel the meals and snacks are nutritious.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuition rates reflect the quality of service offered.                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplies and equipment are age appropriate.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplies and equipment are in good condition.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have a variety of opportunities and choices about how to participate in the program. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I would recommend this program.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I enjoy reading the monthly Email Newsletter   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Optional- Name: \_\_\_\_\_

Optional- Best telephone # for contact: \_\_\_\_\_

Optional- Email address: \_\_\_\_\_

**PLEASE FEEL FREE TO OFFER ANY FEEDBACK OR IDEAS ABOUT OUR PROGRAM:**

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