**Haskayne ARC (All Round Care)**

**Parental Questionnaire**

**Section 1.**

**Child/Children…………………………………………………..**

\*Please indicate

\*I would like this facility (Please complete section 2)

\*I do not need this facility

**Section 2.**

Please indicate which sessions you would like your child to attend

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day** | **Breakfast** | **After school to 4 pm** | **After school to 4.30 pm** | **After school to 5 pm** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |

* Will your child/children attend every week? Yes / No
* If no, please indicate how often your child/ children will attend

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Thank you 😊