



PLEASE RETURN AS SOON AS POSSIBLE
save & email to office@apolloafterschool.com
OR print & return to the school office

YOUR SCHOOL NAME

Child Information

First name _____ Last name _____ Age: _____

Grade _____ Gender Male Female _____ E-mail (optional) _____

1. Do you feel there is a need to have a structured after-school program at Your School Name?

Yes No

2. Do you currently take your children to other after-school programs outside of the school?

Yes No

3. Which aspect of an after-school program do you think is the most important? Other (be specific):

- Homework help
- Physical activity
- Arts activity—music, dance, drama, etc.
- Science/Technology activity

4. What time would you typically pick your child up from an after-school program?

	Dismissal	3.30pm	4.00pm	4.30pm	5.00pm	5.30pm	6.00pm
Select one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you think the price of \$290 per month for an after-school program is affordable for your family budget?

	Very Affordable	Affordable	Not Affordable
Select one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What paid enrichment clubs would your child be interested in?

- | | |
|--|--|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Chess club |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Sport Activities (Karate, Yoga, Basketball) |
| <input type="checkbox"/> Theatre Art | <input type="checkbox"/> Robotics |