



# NURSERY FEEDBACK FORM

Date / time you used the Nursery: \_\_\_\_\_

Parish event you attended while your child(ren) were in the nursery: \_\_\_\_\_

Was this your first experience with the Nursery? If not, how often are your children in the Nursery? \_\_\_\_\_

Your child(ren)'s age: \_\_\_\_\_

Circle one to reflect your experience.....1= Worst 5=Best

How would you rate your experience with the Nursery staff / volunteers? 1 2 3 4 5

Comments: \_\_\_\_\_

\_\_\_\_\_

How would you rate your child's experience in the Nursery? 1 2 3 4 5

Comments: \_\_\_\_\_

\_\_\_\_\_

Have you ever volunteered in the Nursery? If yes, how was your experience? 1 2 3 4 5

If not, would you consider volunteering sometime? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

### ADDITIONAL COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your name (optional) \_\_\_\_\_

Would you like to be contacted about your experience? Yes \_\_\_\_\_ No \_\_\_\_\_

Your phone # or email address to be used when contacting you \_\_\_\_\_

**Please return completed form at the front office Attn: Sue Brach. If the front office is closed, please leave in "Faith Box" on table outside the Chapel. THANK YOU FOR YOUR VALUABLE FEEDBACK!!**