



# Shady Oak Christian School Prospective Family Survey Form

Parent / Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

If through an individual, would you share his/her name? \_\_\_\_\_

If through an ad or publication, which one? \_\_\_\_\_

Have you visited our website (shadyoak.net)? Yes / No  
or liked us on Facebook? Yes / No

How many days a week would you like your child to attend school?

Circle the one that applies (preschool age only): 2-day, 3-day, 5-day  
Bridge (5-day only) or Kindergarten (5-day only)

Are you in need of full day care for your child? Yes / No / Occasionally

Is your child currently attending school or a mother's day out program?

Yes / No If yes, what program? \_\_\_\_\_

Are you looking at the possibility of Shady Oak Primary for another child in your family? Yes / No

What one or two things are you looking for in a program for your child?

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

Are you interested in our summer programs? Yes / No

Can we include you on our email list? Yes / No

Today's date: \_\_\_\_\_