



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: _____