

# Family Fun Event- Parent Survey

Your opinions and ideas are important to us!  
Please take a moment to answer the following questions.

Program\_\_\_\_\_

Date\_\_\_\_\_

**1. What brought you here tonight?** (Circle all that apply)

Dinner/Food

Friends/Other Parents

Child Asking

Theme/Parent Child Activity

FOW/HVT/CBFS

Teacher

Other\_\_\_\_\_

**2. What did you like best about Family Fun Night?**\_\_\_\_\_

**3. What did you like least about Family Fun Night?**\_\_\_\_\_

**4. Will your family attend Family Fun Night next month?** YES NO

If NO, why not?\_\_\_\_\_

**5. Suggestions for future Family Fun Nights**\_\_\_\_\_