



**St. Joseph's Catholic Primary School  
Childcare Provision Feedback Form**



Name of Child: .....

What sessions does your child attend?

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Does your child / children enjoy coming to their sessions?

Yes / No

If no, please state why:

.....

.....

.....

.....

Do you feel that there are enough activities for your child / children?

Yes / No

If no, please state what activities you would like us to introduce:

.....

.....

.....

.....

	Poor	Average	Good	Excellent
How do you find the communication between staff and pupils?				
How do you find communication between staff and parents?				
How do you find the administration of the childcare provision?				

