



PROGRAMS SURVEY FORM

All answers are confidential and are to be used by **CHAMPIONS GYMNASTICS** Inc. to improve the services offered to our members.

(Please mark your chosen answers with an "X")

1. My child is registered in the following class:

Parent & Tot :	_____	Super Girls:	_____
Pre-school:	_____	Developmental (girls):	_____
Beginner Badges 1-4:	_____	Other (specify):	_____
Intermediate Badges 5-7:	_____		
Advanced Badges 8+:	_____		

2. My child **has been involved** in the Programs at **CHAMPIONS GYMNASTICS** for:

First time member:	_____	More than 1 session:	_____
More than 3 sessions:	_____	More than 1 year:	_____
More than 3 years:	_____	More than 5 years:	_____

3. Please identify your area of residence:

North:	_____	South:	_____
East:	_____	West:	_____
Other (please specify):	_____		

4. How/where did you **FIRST** hear of **CHAMPIONS GYMNASTICS**:

5. Which **CHAMPIONS GYMNASTICS** Information vehicle do you get most of your information from ?

Session Newsletter (if applicable):	_____	Various memos:	_____
Member Information Board:	_____	Verbally from staff:	_____
E-mail:	_____	Website:	_____
Verbally from others:	_____	Others (specify):	_____

6. Please rate the **pertinence/usefulness** of the information which you get from the information vehicles listed in question 6:

Extremely useful:	_____
Useful:	_____
Not useful at all:	_____

7. Please list the **ONE** information vehicle, which you **would PREFER** to get your information from:

Please provide us with your e-mail address to receive various notices (please print clearly):

8. What are your **expectations** from the Program your child is involved in at **CHAMPIONS GYMNASTICS** :

9. Please rate the **quality of the interaction** between your child and his/her coach during the current session:

Excellent:	_____	Very good:	_____
Good:	_____	Not good:	_____
Not good at all:	_____		

10. Please rate the **overall quality of the experience** of your child in his/her most current class:

Excellent:	_____	Very good:	_____
Good:	_____	Not good:	_____
		Not good at all:	_____

11. Please rate the following **facilities**:

	Excellent	Very Good	Acceptable	Very Poor	Unacceptable
Overall quality of Gym	_____	_____	_____	_____	_____
Gym Viewing Area	_____	_____	_____	_____	_____
Boys/Girls Change-rooms	_____	_____	_____	_____	_____
Individual Washrooms	_____	_____	_____	_____	_____
Business Office	_____	_____	_____	_____	_____
Birthday Party Room	_____	_____	_____	_____	_____
Entrance/Access/Lobby	_____	_____	_____	_____	_____
Parking Lot	_____	_____	_____	_____	_____

Comments: _____

12. Please rate the following Programs/Administration **services**:

	Excellent	Very Good	Acceptable	Very Poor	Unacceptable
Programs					
Access to the Class Coach	_____	_____	_____	_____	_____
Access to the Supervisors	_____	_____	_____	_____	_____
Clarity of information given	_____	_____	_____	_____	_____

Any concern/suggestion: _____

	Excellent	Very Good	Acceptable	Very Poor	Unacceptable
Administration					
Business Office	_____	_____	_____	_____	_____
Clarity of information given	_____	_____	_____	_____	_____
Cordiality of Office Staff:	_____	_____	_____	_____	_____

Any concern/suggestion: _____

13. Would you **register again** in our Programs ? (Circle One) **YES** **NO**

14. Would you **recommend CHAMPIONS GYMNASTICS** to other people if asked ? (Circle One) **YES** **NO**

Thank you for your feedback. We will use this information to improve the quality of our programs for your child.

Name: (Optional) _____

Phone #: _____