



Child Exiting Survey

Name (optional)..... Age.....

What centre did you attend?

Girraween Toongabbie West Beresford Road Greystanes

What is your favourite memory of your time spent at the service?.....

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What was the activity you most enjoyed at the service.....

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Tell us something you did not really like to do at the service?.....

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If there was one thing you could change about the service what would it be? and why?

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Is there anything else you would like to tell us

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Thankyou for taking the time to fill out this survey, we wish you the best.