

# MISAWA YOUTH PROGRAMS

# Survey



Which of the following programs do(es) your child(ren) attend or participate in? Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Lunney Youth Center (ages 9–13)          | <input type="checkbox"/> Misawa Teen Center (ages 13–18) |
| <input type="checkbox"/> Cheli School Age Program (ages 5–12)     | <input type="checkbox"/> Youth Sports (ages 3–18)        |
| <input type="checkbox"/> Instructional Programs (ages 18 months+) | <input type="checkbox"/> None                            |

In the last 12 months, what activities has your child participated in at the Lunney Youth Center? Check all that apply.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Sports Clinics               | <input type="checkbox"/> Parent's Night Out                | <input type="checkbox"/> Youth of the Month                                      |
| <input type="checkbox"/> Open Recreation              | <input type="checkbox"/> Summer Camps                      | <input type="checkbox"/> Planned Clubs (i.e. Healthy Habits, SMART Kids, etc...) |
| <input type="checkbox"/> Power Hour                   | <input type="checkbox"/> Field Trips                       |  |
| <input type="checkbox"/> Torch Club                   | <input type="checkbox"/> My child is not in this age range |  |
| <input type="checkbox"/> Other (please specify) _____ |  |  |

In the last 12 months, what activities has your child participated in at the Misawa Teen Center? Check all that apply.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Healthy Habits, Healthy Choices | <input type="checkbox"/> College Prep                                    | <input type="checkbox"/> Open Recreation                   |
| <input type="checkbox"/> Power Hour                      | <input type="checkbox"/> Planned Clubs (i.e. Healthy Habits, SMART Kids) | <input type="checkbox"/> Summer Camps                      |
| <input type="checkbox"/> Field Trips                     | <input type="checkbox"/> Parent's Night Out                              | <input type="checkbox"/> Keystone Club                     |
| <input type="checkbox"/> Youth of the Month              | <input type="checkbox"/> Youth of the Year                               | <input type="checkbox"/> My child is not in this age range |
| <input type="checkbox"/> Other (please specify) _____    |  |  |

In the last 12 months, what activities has your child participated in at Cheli School Age Care? Check all that apply.

- |   |   |  |                                     |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Healthy Habits               | <input type="checkbox"/> Bowling Club       | <input type="checkbox"/> Sketch Club                       | <input type="checkbox"/> Power Hour |
| <input type="checkbox"/> Animal Club                  | <input type="checkbox"/> Dance Club         | <input type="checkbox"/> Outdoor Activities                | <input type="checkbox"/> Torch Club |
| <input type="checkbox"/> Field Trips                  | <input type="checkbox"/> Parent's Night Out | <input type="checkbox"/> My child is not in this age range |                                     |
| <input type="checkbox"/> Other (please specify) _____ |   |  |                                     |

In the last 12 months, what activities has your child participated in with Instructional Programs? Check all that apply.

- |   |                                      |                                  |
|---|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Karate                       | <input type="checkbox"/> Ballet      | <input type="checkbox"/> Hip Hop |
| <input type="checkbox"/> Hula                         | <input type="checkbox"/> Taiko Drums | <input type="checkbox"/> Piano   |
| <input type="checkbox"/> Cheerleading                 | <input type="checkbox"/> Tumbling    |                                  |
| <input type="checkbox"/> Other (please specify) _____ |                                      |                                  |

# MISAWA YOUTH PROGRAMS

# Survey



What sport(s) has your child participated in at Misawa?

Volleyball  
 Flag Football

Indoor Soccer  
 Basketball

Outdoor Soccer  
 Baseball

Please rate your satisfaction with the HOURS at the following youth programs:

	Extremely Dissatisfied	Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Satisfied	Extremely Satisfied	N/A
Lunney Youth Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Misawa Teen Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheli School Age Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoiko CDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate your OVERALL SATISFACTION with the following programs:

	Extremely Dissatisfied	Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Satisfied	Extremely Satisfied	N/A
Lunney Youth Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Misawa Teen Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheli School Age Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoiko CDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the space below to provide any additional information that might be helpful to Misawa Youth Programs including activities your child(ren) currently enjoy, other activities your child(ren) would like to see offered, general comments about the youth programs, etc.

Please use the space below to provide any concerns about any of the activities and/or programs that your child(ren) participate in.

