

were:

PARENT/CAREGIVER FEEDBACK FORM

The safety and wellbeing of all are important to us at Please take a moment to reflect on both your experience and your child/children's experience at

and either email us some feedback at or return this form completed to

NAME (optional) CONTACT (optional)

When your child/children returned from they thought their time was:

Excellent Good Fair Poor

Details you received in the lead-up to

Excellent Good Fair Poor

What did we do well at ?

What did your child enjoy most?

What could we do better?

Did you have any specific safety concerns? Why?