Date								
Pare	nt/Guardian	Name:						
Child	l(ren) Name							
				Age				
					Age	Age		
Last	day of attend	lance:						
	(As stated in the remaining two we						on time cannot be used for theks.)	
How	long has you	r child atte	nded Th	e Break	tie Bunch?			
Less than 1-year 1 year			2 years3 years		3 years	4+ yea	ars	
What apply)	is the main	reason for (choosing	to leav	ve The Brea	kie Bun	ch? (Please check all that	
	Transfer to ano Found other ca Family moving Financial reaso Change jobs or situation	 □ Illness/Medical/Disability Leave □ Summer Only □ Program quality □ Staff quality □ Director Quality 				Facility condition Safety concern Other (please specify)		
What	could the cente	r do to get yo	u back?					
	Enrichment cla Better Curricul More activities children Improve Facility	um for older	□ H □ H	Better par communic Hire bette Reduce tu Longer op	cation r staff		 □ More Structure □ Better discipline □ Nothing □ Other: 	
Addi	tional commo	ents						
Doroni	t Guardian Signa	ıture:					Date:	