

The Salvation Army
BABY SONG EVALUATION

Name _____

Child's Name _____ Child's Age _____

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1. What did you enjoy about this program? _____

2. What would you like to see done differently? _____

3. Was the program offered at a convenient time for you and your child(ren)? _____

Is there a better time to offer the program? _____

4. Would you participate in the program if it was offered again? _____

5. Would you recommend this program to a friend? _____

6. Do you presently have a home church? _____

7. Are you interested in knowing about other programs offered here? _____

8. Comments _____

