

_ _ _ _ _ _ _ _ _ _ _ _ Dear Parents.

In order to determine the effectiveness of our enrollment efforts, we would like one parent in each family to complete this guestionnaire regarding how you learned about our programs at The Brookwood School. _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

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Please indicate the date your child(ren) start at The Brookwood School. Month/ year

Please check all that applies to how you learned about childcare and/or school programs at The Brookwood School:

□ Website

____publication ____poster ____employee Bassett

- Newspaper ____Cooperstown Crier ___ Daily Star ____Freeman's Journal ___Pennysaver ___ other
- □ Poster at
- ___WZOZ 103.1 ___WSRK 103.9 ___WDOS Radio П
- The Brookwood School
 - ___Board member ___ Employee
 - ____ Friend whose child is _____ was ____ enrolled
 - ____ My child is_____ was____ enrolled here

Child's name

Please return this form with your enrollment papers to The Brookwood School. Thanks!!