**Parent Feedback Form**

Welcome to Love and Mercy Family Day Care

As part of our ongoing commitment to providing the best possible quality

Childcare, we are asking for parent input which will provide us with valuable information which will be part of our improvement process.

Please take time to complete our questionnaire so we can evaluate the responses and work on any improvements, suggestions and feedback we receive.

Completed forms can be sent to the coordination unit via your educator, posted or hand delivered to:

Love and Mercy Family Day Care

Suite 2/Level 1 159-165 Northumberland Street, Liverpool NSW 2170

02 9601 7594

W: [www.loveandmercyfdc.com](http://www.loveandmercyfdc.com)

E: loveandmercy.fdc.nsw01@gmail.com

Multicultural

* Does your family have any ethnic origins you celebrate? Yes / No

If yes what are they?

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* How are these celebrated?

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* What celebrations would you like to see your child celebrate in family day care?

EG: Easter, Christmas, birthdays

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* Can you or a family member speak a second language? If yes, would you like to have the second language introduced into the family day care?

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Paperwork

* Have any of your contact details changed (home address, emergency contacts and numbers, mobile numbers?) If Yes, please provide us with the changes to update our files.

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* Do you understand your childcare benefit fees? Yes /No

If NO, would you like us to contact you? Yes /No

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* Do you take the Yellow copy of your timesheet when it is completed? Yes No
* Do you understand the timesheet procedure Yes / No

Programming

* Do you look at your carer’s program? Yes /No

If yes, how often do you look at the program daily, weekly, monthly?

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* Do you have any suggestions that could invite parents to look at an educators program?

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Communication

* What do you find the most useful way to communicate with your educator

1. Talking at arrival time

2. Talking at departure times

3. Phone calls

4. Texting

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* Do you have any suggestions that could improve educator and parent communications?

Any other comments or suggestions:

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* Do you have any suggestions / feedback on our office service delivery and communication process? YES / NO

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Educator Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name (Optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details

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Thank you for completing this survey, as your feedback is valuable to us ☺