



from the parents, children, school staff and SACC/MSTG staff with regard to the program. Please take a minute to jot down your thoughts! THANK YOU!

Compliments: _____

Concerns: _____

Suggestions: _____

Other: _____

If you need more space, please use the back of this form. Thank You!

Parent's Name (optional) _____

If you would like to discuss your thoughts with the SACC/MSTG office,
please indicate a daytime phone: (_____) _____

Please return this form to the Center Director OR Mail to:

Recreation Supervisor
Anne Arundel County Department of Recreation & Parks
School Age Child Care Division
1 Harry Truman Parkway Suite 105
Annapolis, Maryland 21401

OR

Visit our website at www.aacounty.org/recparcs to give us your comments.

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