



from the parents, children, school staff and SACC 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 office,  
please indicate a daytime phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Kathy Kremer, Senior Management Assistant  
Anne Arundel County Department of Recreation & Parks  
School Age Child Care Division  
1 Harry Truman Parkway Suite 105  
Annapolis, Maryland 21401