



4. Indicate age category(ies) of child care needs:

School Age (6 - 12 Years)

Infant/Toddler (12 Weeks - 2 Years)

Preschool (2 - 5 Years)

Unborn/Newborn

5. Does your child/children now attend:

	Please ✓	No. of Children	Full or Part-time Care	Approximate Cost per Day
Group Child Care Centre	_____	_____	_____	\$ _____
School Age Child Care Centre	_____	_____	_____	\$ _____
Nursery School	_____	_____	_____	\$ _____
Family Child Care Home	_____	_____	_____	\$ _____
Private Home Care	_____	_____	_____	\$ _____
Care of Relative	_____	_____	_____	\$ _____

6. If a child care facility was started near your home or workplace, would you take advantage of it?

YES

NO

Please indicate what area(s) of Winnipeg or regions of Manitoba would be most convenient for you.

1. \_\_\_\_\_ 2. \_\_\_\_\_

7. Would you need the child care facility: Part-Time  Full-Time

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.	_____	_____	_____	_____	_____
P.M.	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____
Overnight	_____	_____	_____	_____	_____
Weekends	_____	_____	_____	_____	_____

8. Do you think you would apply for subsidy to assist in the cost of licensed child care?  YES  NO

9. Would you like to be contacted in the future about this survey?  YES  NO

10. Suggestions and/or Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR ADDITIONAL INFORMATION, PLEASE CALL MANITOBA EARLY LEARNING AND CHILD CARE INFORMATION SERVICES AT 945-0776 OR TOLL FREE 1-888-213-4754.**

Please return survey to: (Name)  
(Address)  
(Fax Number)

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.**