



## PLAYGROUP QUESTIONNAIRE

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City: \_\_\_\_\_
4. Contact Number: \_\_\_\_\_
5. Email: \_\_\_\_\_
6. Multiples Names & Date Of Birth: \_\_\_\_\_  
\_\_\_\_\_
7. Will other Siblings be attending the Playdates?  
If Yes, please provide their Names & Date of Birth: \_\_\_\_\_  
\_\_\_\_\_
8. Please provide your 1<sup>st</sup> & 2<sup>nd</sup> Choice of Day for Playdate:  
1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ Preferred Time: \_\_\_\_\_
9. How often would you like to meet (Weekly / Bi-Weekly / Monthly)? \_\_\_\_\_
10. Please list any nearby townships (e.g. Springfield!) that you would be willing to travel to, to meet other MOM's & attend playgroups: \_\_\_\_\_  
\_\_\_\_\_
11. Would you be willing to assist in coordinating the playgroup in your area/  
township? \_\_\_\_\_
12. Are you in an existing MMOM Playgroup? Yes/No  
If Yes, is your group open to more MOM's!?!? \_\_\_\_\_
13. Any other comments or ideas on how MMOM can facilitate Playgroups, are welcome – please share your thoughts here.....  
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