

Sunday School Survey

Name _____

Phone _____ Email _____

1. If we were to return to **in person** Sunday School (with precautions – masks and social distancing) at the usual time – 9:45 am – do you anticipate attending?
_____ Yes _____ No

2. If **YES** for **in person**, what would you anticipate as your attendance pattern?

___ Weekly ___ Every other week

___ Once per month ___ Less than once per month

3. If we were to offer a **remote option** (Zoom class with materials emailed in advance) at the usual time of 9:45 am, would you anticipate attending?

_____ Yes _____ No

4. If **YES** for the **remote option**, what would you anticipate as your attendance pattern?

___ Weekly ___ Every other week

___ Once per month ___ Less than once per month

5. Are you interested in an alternate day or time for Sunday School / Christian Education?

___ Yes ___ No

If yes, please indicate all available times:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

6. If you answered **YES** for **BOTH** in person and remote, what would be your first choice?

_____ In person _____ Remote

7. Please indicate the classes and number of people we can expect from your family:

_____ PreK / Elementary _____ Teen _____ Adult

8. Are you willing to be a Sunday School teacher or substitute?

_____ Yes _____ No

If yes, with what frequency? _____ Weekly _____ Every other week _____ Once/month

If yes, what is your age preference?

_____ PreK /Elem _____ Teen _____ Adult

(Adult volunteers must have clearances)

Additional questions or comments:
