

**YOUR LOGO HERE**

**YOUR SCHOOL NAME HERE Presents**

**Family Wellness Night**

**Welcome to an evening of health and wellness at YOUR SCHOOL NAME**

**DATE | TIME**

**Marketplace:** TIME  
**Stations include:**

* Marketplace: E.G.
* Physical Literacy with Activate Aurora – **Classroom –**
* Therapy Dogs – **Classroom -**
* Arts and Crafts – **Classroom –**
* Pedalheads **– Classroom**
* YRCCS - Confidence and Self Esteem Workshop (6:30pm) **– Classroom**
* York Region Centre for Community Safety, CMHA, York Region Food Network, Stress Wheel and snack station - **Hallway.**

**Special Sessions:**

**6:15 pm Zumba ­**– Gym

**6:45 pm Karate** – Gym

**7:20 pm Officer Ron - Library**

**8:00 pm Raffle draw** – Stay until the end for your chance to win! **\*Please fill out and return the feedback form on reverse, thank you!**

Map of the gym is on the back of the program

**YOUR SCHOOL NAME Family Wellness Night**

**Feedback Form**

1. Age(s) of children attending the event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How would you rate the evening’s activities? (Please circle)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Needs improvement** |  |  |  | **Fantastic!** |

1. What was your favourite activity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Did you like the food?  **Yes No**
3. Would you attend another event like this at your school?  **Yes No**
4. What would you improve about tonight? Any additional comments?

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Please return this form before you leave**

**Thank you!**