



RECREATION PROGRAM SURVEY

1. What is your zip code?

2. What recreational activities would you like to see more of in National City? [Choose all that apply]

- | | |
|-------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Sports (Recreation level) | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Music | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Art | <input type="checkbox"/> Other: |
| <input type="checkbox"/> E-Sports (gaming) | |
| <input type="checkbox"/> Self-Defense or Martial Arts | |

3. How many days a week would your child be able to attend these recreational activities?

- 1-2
- 2-3
- 3-5

4. What time of the day best serves your child's recreational needs? [Choose all that apply]

- | | |
|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> 3:00 PM – 4:00 PM | <input type="checkbox"/> 6:00 PM – 7:00 PM |
| <input type="checkbox"/> 4:00 PM – 5:00 PM | <input type="checkbox"/> 7:00 PM – 8:00 PM |
| <input type="checkbox"/> 5:00 PM – 6:00 PM | |

5. How much would you be able to spend on any after-school activities, if needed?

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> \$0 – \$10 | <input type="checkbox"/> \$30 – \$40 |
| <input type="checkbox"/> \$10 – \$20 | <input type="checkbox"/> \$40 – \$50 |
| <input type="checkbox"/> \$20 – \$30 | |

6. What facility or park is your child most likely to attend? [Choose all that apply]

- | | |
|----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Kimball Park | <input type="checkbox"/> El Toyon Recreation Center |
| <input type="checkbox"/> Las Palmas Park | <input type="checkbox"/> Manuel Portillo Casa de Salud |
| <input type="checkbox"/> El Toyon Park | <input type="checkbox"/> MLK Jr. Community Center |
| <input type="checkbox"/> Camacho Recreation Center | |

7. What age group are your children in?

- | | |
|------------------------------|--------------------------------|
| <input type="checkbox"/> 0-3 | <input type="checkbox"/> 9-11 |
| <input type="checkbox"/> 3-5 | <input type="checkbox"/> 12-14 |
| <input type="checkbox"/> 6-8 | <input type="checkbox"/> 15-17 |