



# PARK RIDGE PUBLIC LIBRARY

20 S. Prospect Ave., Park Ridge, Illinois 60068 | (847) 825-3123

## We Need Your Input on Library Program Fees

March 3, 2014

The Library Board has made a number of cuts to the 2014/15 budget in order to reduce expenditures, while striving to maintain as many core services as possible.

In addition to the budget reductions, the Library Board has been looking for ways to generate new revenue. One possibility being considered is to charge a fee for certain library programs. Before the Board members makes a decision, however, they would like to hear from Park Ridge residents.

Over the next five weeks, the Library will be conducting a patron survey regarding the program fees. Hard copies of the survey are available at all the service desks. Once completed, the survey can be deposited in one of the collection boxes or given to a staff member. (Only one survey per person, please.)

Alternatively, you can complete the online survey by clicking the links below:

[Take the survey on Adult Programs](#)

[Take the survey on Children's Programs](#)

For more information on the Library budget, please click [here](#).

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## Library Survey - Adult Programs

The Library Board has made a number of cuts to the 2014/15 budget to reduce expenditures while maintaining as many core services as possible. (For more information go to the Library website – [www.parkridgelibrary.org](http://www.parkridgelibrary.org)).

The Board is also looking for ways to generate new revenue and needs your input as they consider charging residents for some programs and services at the Library.

**Please take a few minutes to complete this survey; your input will help the Board make some important decisions. Please complete only one survey.**

**\* 1. Have you attended programs at the Library? (Lectures, films, "how-to" programs, concerts, book discussions, computer classes, etc.)**

☐ Yes

☐ No

**2. If YES, how often do you attend Library programs?**

☐ 1-2 times per year

☐ 3-6 times per year

☐ 7-11 times per year

☐ 12 or more times per year

**3. Please tell us the types of programs you like to attend (choose all that apply):**

☐ Author presentations/book signings

☐ Book Discussions

☐ Computer Classes

☐ Films

☐ How-To Programs (cooking, organizing, home improvement, etc.)

☐ Lectures (art, history, etc.)

☐ Musical Programs

**\*4. Would you be willing to pay a fee to attend programs at the Library?**

☐ Yes

☐ No

If you answered "No" please tell us why not

**5. How much would you be willing to pay to attend programs at the Library? Please specify an amount next to each type of program:**

	\$1.00	\$3.00	\$5.00	Other
Author presentations/ book signings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Book Discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Films	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How-To Programs (cooking, organizing, home improvement, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lectures (art, history, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musical Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**\*6. Gender**

- ☐ Male
- ☐ Female

**\*7. Age**

- ☐ 18-35 yrs old
- ☐ 36-50 yrs old
- ☐ 51-65 yrs old
- ☐ 66-75 yrs old
- ☐ 76 yrs or older

**8. Thank you for taking the time to complete our survey! If you would like to make additional comments please use the space below or email your comments to [boardpresident@parkridgelibrary.org](mailto:boardpresident@parkridgelibrary.org).**

**Contact Information (optional):**

<b>Name:</b>	<input type="text"/>
<b>Address:</b>	<input type="text"/>
<b>City/Town:</b>	<input type="text"/>
<b>Email Address:</b>	<input type="text"/>
<b>Phone Number:</b>	<input type="text"/>

**9. Select yes if you would like someone from the Library to contact you.**

☐ Yes

☐ No

**10. Comments:**

Done

Powered by **SurveyMonkey**  
Check out our [sample surveys](#) and create your own now!

## Library Survey - Children's Programs

The Library Board has made a number of cuts to the 2014/15 budget to reduce expenditures while maintaining as many core services as possible. (For more information go to the Library website – [www.parkridgelibrary.org](http://www.parkridgelibrary.org)).

The Board is also looking for ways to generate new revenue and needs your input as they consider charging residents for some programs and services at the Library.

**Please take a few minutes to complete this survey; your input will help the Board make some important decisions. Please complete only one survey.**

**\* 1. Do your children or grandchildren attend programs at the Library? (storytime, after school programs, art and music programs, etc.)**

- ☐ Yes  
☐ No

**2. If YES, how often do they attend a Library program?**

- ☐ 0-5 times per year  
☐ 6-10 times per year  
☐ 11-20 times per year  
☐ Weekly

**3. Please tell us the types of programs you like to attend (choose all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Art programs           | <input type="checkbox"/> Music Programs        |
| <input type="checkbox"/> Teddy Bear Time        | <input type="checkbox"/> After School Programs |
| <input type="checkbox"/> Preschool Storytime    | <input type="checkbox"/> Family Entertainment  |
| <input type="checkbox"/> Films                  |  |
| <input type="checkbox"/> Other (please specify) |  |

**\***

**4. Would you be willing to pay a fee for your children to attend programs at the Library?**

- ☐ Yes  
☐ No

If you answered "No" please tell us why not

**5. How much would you be willing to pay to attend programs at the Library? Please specify an amount next to each type of program:**

	\$1.00	\$3.00	\$5.00	Other
Art Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teddy Bear Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool Storytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Films	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**\*6. Gender**

- ☐ Male ☐ Female

**\*7. Age**

- ☐ 18-35 yrs old ☐ 66-75 yrs old  
☐ 36-50 yrs old ☐ 76 yrs or older  
☐ 51-65 yrs old

**8. Thank you for taking the time to complete our survey! If you would like to make additional comments please use the space below or email your comments to**

[boardpresident@parkridgelibrary.org](mailto:boardpresident@parkridgelibrary.org)

**Contact Information (optional):**

<b>Name:</b>	<input type="text"/>
<b>Address:</b>	<input type="text"/>
<b>City/Town:</b>	<input type="text"/>
<b>Email Address:</b>	<input type="text"/>
<b>Phone Number:</b>	<input type="text"/>

**9. Select yes if you would like someone from the Library to contact you.**

- ☐ Yes
- ☐ No

**10. Comments:**

Done

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Check out our [sample surveys](#) and create your own now!