Town of Kearny

2013 Kearny Recreation Department
Day Camp Evaluation

Dear Parent/Guardians,

The Kearny Recreation Commission and Department continuously strive to improve our programs through participant and parent feedback. We value your opinions and comments so that we can make any necessary changes and/or additions to next year's program. Please take a few minutes to sit down with your child and fill out this form and return it to the Recreation Department or Commission by mail (402 Kearny Avenue); by fax (201) 955-2379, by e-mail, or in person. Your comments are essential to the success of our program and it is very important that we receive your feedback and comments.

Camp your child attended: _____

Your child's counselor(s): _____

Your child's grade as of 9/2013   _____   Gender _____

Please rate the following criteria on a scale from one to five:
(one being the lowest, five being the highest)

Camp Programs
Daily Activities   _____   Facilities   _____
Arts and Crafts   _____   Sports   _____
Registration Procedure _____   Fees   _____

Bus Pick Up/Drop Off (if applicable) _____   Overall Camp Rating _____

Staff
Adequate Supervision _____   Professionalism   _____
Problems/Concerns handled Properly/Promptly _____   Friendliness _____

Food
Did your child take advantage of our food program?   Yes / No (please circle)
Please rate the quality of food: Excellent   Good   Fair   Poor   (please circle)
Cost of food: Too expensive   Fair
Please comment _____

Would you return to our camp next summer? Yes / No (please circle)

Did you find the camp hours: too long too short   adequate   (please circle one)

Do you feel that a six week program is: too long too short   adequate   (please circle one)

Trip Suggestions:
Feel free to add any comments or suggestions that may enhance our program:
_____

_____

_____
If you have any questions, concerns or comments, please call the Recreation Department at (2010 955-7983.

Thank you for your time. We believe your input will help to make next year's program a success. We look forward to seeing your child at camp next year.

Thank you,
Kearny Recreation Commission and Department

Optional:
Name of person filling out survey: _____   Date: _____