



BRACEBRIDGE RECREATION SUMMER DAY CAMP 2017 PARENT FEEDBACK FORM



Dear Parents:

We would like to take this opportunity to ask for your feedback. It will assist us to make next year's camp an even more enjoyable experience. On behalf of all of the camp staff, we would like to thank you for your support and participation in our summer day camp program. We hope to see you in the summer of 2018.

Family Name: _____ Child(ren)'s Name: _____

What are the age(s) of your child(ren)? _____

Camp(s) Attended: Activity Camp _____ Summer Funfest Camp _____ Summer Adventure Camp _____

Please use a rating scale of 1 (unsatisfactory) – 5 (excellent) unless otherwise stated.

How would you rate your child(ren)'s overall experience at camp? 1 2 3 4 5

How would you rate the camp staff :	conflict management	1	2	3	4	5
	attitude	1	2	3	4	5
	safety	1	2	3	4	5
	public relations	1	2	3	4	5

How would you rate the trips, theme days, special guests, and general camp programming your child participated in? 1 2 3 4 5

Child's Favorite Trip / Guest / Theme Day / Activities:

How would you rate the registration process for camp? 1 2 3 4 5

How would you rate the information received about camp? (newsletter, brochures, signs, talking with staff) 1 2 3 4 5

How would you rate the camp in the following High Five Principles?

Caring Adult	1	2	3	4	5
Participation	1	2	3	4	5
Play	1	2	3	4	5
Mastery	1	2	3	4	5
Friends	1	2	3	4	5

Did you use extended care service? Yes _____ No _____

Were the extended care times adequate? (7:30 – 9 a.m., 4:30 – 6 p.m.) Yes _____ No _____

Comments and Suggestions: (Please use back of form if more space is needed)
