CLEAR FORM

BRACEBRIDGE RECREATION
DAY CAMP
PARENT FEEDBACK FORM

Dear Parents:
We would like to take this opportunity to ask for your feedback. On behalf of all of the camp staff, we would like to thank you for your support and participation in our day camp program.

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

Camp(s) Attended: PA Day Camp ☐ Holiday Break Camp ☐ Activity Camp ☐ Summer Funfest Camp ☐

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

		Unsatisfactory				Excellent
How would you rate your child(ren)'s overall experience at camp?						
How would you rate the camp staff:	conflict management					
	attitude					
	safety					
	public relations					
How would you rate the theme days, special guests?						
General camp programming your child participated in?						

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

How would you rate the registration Process?						
How would you rate the information received about camp? (newsletter, brochures, signs, talking with staff)						
How would you rate the program's procedures, sign in/sign out and keeping your child safe?						
How would you rate the camp in the following High Five Principles?	Caring Adult					
	Participation					
	Mastery					
	Friends					
	Play					

Did you use extended care service? Yes ☐ No ☐

Was the extended care time adequate? (7:30-8:30) Yes ☐ No ☐

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

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Return this form to the Reception Office or email it to: Rec.Office@bracebridge.ca
Thank you for your time