



# Town of Kearny

## 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 to rcattafi@kearnynj.org, 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 September \_\_\_\_\_ 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 _____

### Trip

Did you enjoy the selection of day trips?

\_\_\_\_\_

Trip Suggestions

\_\_\_\_\_

### Suggestions

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

\_\_\_\_\_

\_\_\_\_\_

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)

Preferred method of registration:    online            in person            (please circle one)

If you have any questions, concerns or comments, please call the Recreation Department at (201) 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: \_\_\_\_\_