

# RUTHERFORD RECREATION SUMMER DAY CAMP EVALUATION

	Not satisfied			Satisfied	
Overall, were you satisfied with the program?	☹ 1	2	3	4	5☺
My child(ren) enjoyed the program	☹ 1	2	3	4	5☺
Were you satisfied with the ½ day program	☹ 1	2	3	4	5☺
Would you register your child(ren) again	Yes			No	
If no, why not?	_____				

**Please rate the quality of day to day activities:**

	Not satisfied			Satisfied	
Arts & Crafts	☹ 1	2	3	4	5☺
Organized Games	☹ 1	2	3	4	5☺
Special Events (i.e. Camp Day)	☹ 1	2	3	4	5☺
Convenient Hours	☹ 1	2	3	4	5☺
Lunch Program	☹ 1	2	3	4	5☺
Bus Service	☹ 1	2	3	4	5☺

**Camp Directors and Camp Staff**

Were you satisfied with the conduct of the camp staff?	<b>Yes</b>	<b>No</b>
Were you satisfied with the conduct of the Counselors In Training ?	<b>Yes</b>	<b>No</b>
Was the camp staff friendly, helpful, and professional?	<b>Yes</b>	<b>No</b>
Were you satisfied with the discipline methods of the staff?	<b>Yes</b>	<b>No</b>
Overall, was there enough supervision?	<b>Yes</b>	<b>No</b>

**Field Trips**

Were you satisfied with the number of trips offered?	<b>Yes</b>	<b>No</b>
Were you satisfied with the cost of the trips?	<b>Yes</b>	<b>No</b>
Were you satisfied with the choices of the field trip locations?	<b>Yes</b>	<b>No</b>
Ideas/suggestions for other field trips:	<b>Yes</b>	<b>No</b>

How many children did you have enrolled in the summer camp program?  
\_\_\_\_\_

What camp(s) did your child(ren) attend? \_\_\_ Kinder Camp Junior Camp Senior Camp  
Parent Name (optional) \_\_\_\_\_  
Camper(s) Name(s) (optional) \_\_\_\_\_

Please make any additional comments or suggestions. We appreciate any feedback we can receive. Send to my attention: 176 Park Ave. Rutherford, N.J. 07070  
Thank you!

Denise M. Brennan  
Recreation Director

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