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Summer Nature Day Camp 2017
Parent/Guardian Survey

Parents & Guardians, your feedback is very important to helping us maintain quality summer camp programs. Please take a moment to complete this survey for the week your child(ren) attended. Don't forget to include your campers' input as well!

Please return your completed form(s) within one week. You may drop them off at camp, or mail or email them. Thank you!

Child's Group (check all appropriate):	<input type="checkbox"/> Dragonflies (4-5yr)	<input type="checkbox"/> Bullfrogs (1 st -2 nd gr)	<input type="checkbox"/> Turtles (3 rd -5 th gr)	<input type="checkbox"/> Herons(6 th & 7 th gr)
Which Camp week(s) did they attend?:	One or more Counselors' Names:			

1. Please rate your satisfaction with the camp week(s) by entering the appropriate rating score next to each topic.

Note: If you or your child do not have enough information to comment about a particular aspect of camp, please leave the rating column blank.

Rating Scores: 4 = Very Satisfied 3 = Satisfied 2 = Unsatisfied 1 = Very Unsatisfied

TOPIC	RATING	COMMENTS
Variety of activities		
Age appropriateness of activities		
Camper enjoyment		
Camper learning		
Counselor to camper ratio		
Parent interaction with counselors		
Cost-effectiveness of camp		
Camp facilities		
Camp hours		

2. What did your child(ren) like **best** about camp?

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3. What did your child(ren) like **least** about camp?

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4. Please tell us the reason(s) you chose our camps for your child(ren).

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5. Are you a member of Green Valleys Watershed Association?

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6. Do you think your children/grandchildren will return to camp next year?

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7. Feel free to give additional feedback here, or on additional pages.

Your Name (optional):

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End of Survey. Thank you for your input!