

# YMCA Camp Alexander Day Camp Survey

1a. Overall, how would you rate YMCA Day Camp? Please check only one box.

- Excellent
  Good
  Fair
  Poor

1b. Please explain your response to Question 1a.

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2. How would you rate the Day Camp on each of the following?

	Excellent	Good	Fair	Poor	Not applicable or don't know
<b>Counselors</b>					
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enough counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camp spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Facilities</b>					
Quality of facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of equipment and facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety and security of facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toys, games, and supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenient location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Programs and activities</b>					
Variety of activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safely run programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child learned new skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of early morning pre-camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of late afternoon post-camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>General</b>					
Parent information and communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about your child's day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camp encourages the values you want your child to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value for the money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenient schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Would you send your child to this Day Camp next year?

- Yes
  No, child will be too old
  No, other reasons: \_\_\_\_\_

4. Please indicate how much you feel the Day Camp has helped your child:

	<b>A lot</b>	<b>Somewhat</b>	<b>A little</b>	<b>Not at all</b>	<b>Not applicable or don't know</b>
Learn to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn responsible decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Build self-confidence and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Is your child:  Male  Female

6. Age of child: \_\_\_\_\_

6. Has your child attended day camp before?  Yes, this camp How many years before this? \_\_\_\_\_  
 Yes, but another camp  
 No

7. Before attending the Camp, did you or your child have any contact with a YMCA, other than Camp? Please check all that apply.

**Which YMCA?**

- Child went to the YMCA \_\_\_\_\_
- Other family members used the YMCA \_\_\_\_\_
- Your local YMCA suggested this camp \_\_\_\_\_
- No contact with a local YMCA

8. Did any of the following reasons contribute to your decision to select this camp? Please check all that apply.

- Brother or sister had attended this camp
- Parents or other family members attended this camp
- Came for a specific program or activity. Please specify: \_\_\_\_\_
- Came to Camp with a friend
- None of the above

9. What did your child like best about Camp? \_\_\_\_\_

10. What were the main reasons you selected this Camp rather than another one? \_\_\_\_\_

11. Is there any area of our program in which you feel we can improve on?

12. If you wish to have the Camp Director contact you about any aspect of Camp or about this survey, you may write your name here or on a separate sheet.

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Email \_\_\_\_\_