

Running Brook Day Camp

Please take a few minutes to fill out this form as your input helps us improve our program.

Your child was in group # _____

Please rate the following using a 1 (very poor) to 5 (very good) scale by **circling** the number.

1. Your child's overall camp experience was: (very poor) 1 2 3 4 5 (very good)
2. Your child's group counselor were: 1 2 3 4 5
3. The swim instruction program was: 1 2 3 4 5
4. The weekly schedule of activities was: 1 2 3 4 5
5. The communications you received from the camp were: 1 2 3 4 5
6. If used by your child, the extended day program was: 1 2 3 4 5
7. If used by your child, the bus service was: 1 2 3 4 5
8. What did you and/or your child like most about our camp?

9. What did you and/or your child like least about our camp?

10. Please give us your ideas about how we could improve Running Brook.

11. Did you check our website regularly this summer? Yes _____ No _____

Thank you very much. Please return this survey directly to the bus monitor, Running Brook staff at drop off or pick up or mail to:

Running Brook Day Camp, Inc.
P.O. Box 540484
Waltham, MA 02453

Feel free to use the back for additional comments.