City of North Port
Parks & Recreation Division
General Services Department
6207 West Price Blvd.
North Port FL 34291
Phone: (941) 429-3555
Fax: (941) 429-3557

Submit By E-mail | Print Form

Summer Camp Program Evaluation

Thank you for having your child(ren) participate in the City's Summer Camp Program. Our goal is to provide quality recreational programs in a fun, educational, safe environment. Your input is very important to us in the planning of current and future programs. Please take a moment to tell us aboutyou and your child(ren)'s experience with us. Complete the form and submit by:

Mail:	Parks & Recreation Program Evaluation, 4970 City Hall Boulevard, North Port FL 34286
Fax:	(941) 429-3557
E-Mail:	Click the "Submit by Email" button in the top right hand corner
In Person:	George Mullen Activity Center, 1602 Kramer Way.

Please rate the camp on the following areas by clicking on your choice using the following ratings:
1. Excellent 2. Satisfactory 3. Fair 4. Poor

FACILITY:				
The facility was appropriate for camp?	◯ 1	◯ 2	◯ 3	◯ 4
The facility was clean and well maintained	◯ 1	◯ 2	◯ 3	◯ 4
PROGRAM:				
Counselor to camper ratio	◯ 1	◯ 2	◯ 3	◯ 4
Structure of camp program	◯ 1	◯ 2	◯ 3	◯ 4
Registration process	◯ 1	◯ 2	◯ 3	◯ 4
The program fee was appropriate	◯ 1	◯ 2	◯ 3	◯ 4
Sign-in and check-out procedures	◯ 1	◯ 2	◯ 3	◯ 4
Overall opinion of the program	◯ 1	◯ 2	◯ 3	◯ 4
STAFF:				
Staff was prepared	◯ 1	◯ 2	◯ 3	◯ 4
Staff planned a variety of activities	◯ 1	◯ 2	◯ 3	◯ 4
Staff was enthusiastic	◯ 1	◯ 2	◯ 3	◯ 4
Staff was attentive	◯ 1	◯ 2	◯ 3	◯ 4
CAMP:				
Did the camp meet your expectations?	◯ 1	◯ 2	◯ 3	◯ 4
Was the camp experience fun and positive?	◯ 1	◯ 2	◯ 3	◯ 4
Were the field trips enjoyable and age appropriate?	◯ 1	◯ 2	◯ 3	◯ 4
Did before and after care meet your expectations?	◯ 1	◯ 2	◯ 3	◯ 4

CAMPER'S FAVORITE:

Field Trip:

Game/Activity:

Craft:

Other:

CAMPER'S LEAST FAVORITE:

Field Trip:

Game/Activity:

Craft:

Other:

How did you hear about this Summer Camp Program?:

☐ Friend/Relative ☐ City's Web Site ☐ Parks Activity/Event Guide

Other:

Would you be interested in volunteering for Parks and Recreation activities? ☐ Yes ☐ No ☐ Maybe

May we contact you? ☐ Yes ☐ No

Do you Plan to enroll your camper in the GMAC Summer Camp next year? ☐ Yes ☐ No ☐ Not Sure

Please share any comments

What else would you like us to know about our Summer Camp Program?

CONTACT INFORMATION (Optional):

Name: Phone No.:

E-Mail Address:

Street:

City: State: Zip:

May we use your comments in future promotional materials? ☐ Yes ☐ No

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