



CAMP CAYUGA

AFTER-CAMP QUESTIONNAIRE FOR PARENTS TO COMPLETE

CAMP CAYUGA BUSINESS OFFICE, P.O. BOX 151, PEAPACK, NJ 07977
 TELEPHONE: (908) 470-1224, FAX: (908) 470-1228, EMAIL: INFO@CAMPCAYUGA.COM
 SUMMER OFFICE: 321 NILES POND ROAD, HONESDALE, PA 18431, (570) 253-3133, FAX: (570) 253-3194

FOR OFFICE USE ONLY:	
RECD:	_____
CONF DATE:	_____
RESREQ:	<input type="checkbox"/> NO, <input type="checkbox"/> YES
RES DATE:	_____
YR:	<input type="checkbox"/>
NR:	<input type="checkbox"/>
ENTRY DATE:	_____

CAYUGA PARENTS - GIVE US YOUR FEEDBACK! Let us know what changes you'd like us to make for next summer. Your feedback will help us help you and others in the future! "Times change" and so do our policies and programs – with your help! Please complete & return this questionnaire. Your camper's feedback is also requested on the reverse side. If you prefer completing this questionnaire online, click 'After-Camp Questionnaire-Online' under 'Forms & Documents' on your dashboard. Thank you for your time, and once again, thank you sending your child to Camp Cayuga.

- Did your child have a positive camping experience?

- What did your child like best about Cayuga?

- What did your child like least about Cayuga?

- As a parent, were you satisfied with your child's cabin counselors and the supervision they provided? If not satisfied, please indicate the staff member's name and an explanation.

- Do you have any concerns about our current health & safety policies, or any other camp policy? If yes, what improvements or changes do you suggest?

- Do you have any comments regarding our administrative services? This includes the effectiveness of our mailings, emails, and the efficiency of our staff in responding to your requests (returning phone calls, replying to emails, etc.).

- Did the daily activity program meet your expectations regarding: the variety of activities; quality of instruction; facilities and equipment; and the opportunity for participation and skill development? Please explain.

- Do you have any comments about our trips, special events, and evening activities?

- What would make Camp Cayuga a better experience for your child?

- Do you plan to send your child back to Camp Cayuga next summer? Yes, No. If no, please explain.

- Would you like to remain on our mailing list? Yes, No.
- Would you recommend Camp Cayuga to your friends who have children? Yes, No.
- Can we use your name as a reference during the off-season? Yes, No.
- Any other comments? Feel free to attach an additional sheet.

PARENT'S NAME (print):_____.	TODAY'S DATE:_____
YOUR CAMPER'S NAME:_____.	SESSION:_____
YOUR CAMPER'S AGE:_____.	YOUR EMAIL ADDRESS:_____



CAMP CAYUGA

AFTER-CAMP QUESTIONNAIRE

FOR CAMPERS TO COMPLETE

CAMP CAYUGA BUSINESS OFFICE, P.O. BOX 151, PEAPACK, NJ 07977
TELEPHONE: (908) 470-1224, FAX: (908) 470-1228, EMAIL: INFO@CAMPCAYUGA.COM
SUMMER OFFICE: 321 NILES POND ROAD, HONESDALE, PA 18431, (570) 253-3133, FAX: (570) 253-3194

FOR OFFICE USE ONLY:
RECD: _____
CONF DATE: _____
RESREQ: <input type="checkbox"/> NO, <input type="checkbox"/> YES
RES DATE: _____
YR: <input type="checkbox"/> , NR: <input type="checkbox"/>
ENTRY DATE: _____

TO ALL CAYUGA KIDS: Let us know what's on your mind by completing this questionnaire. Your suggestions and comments will help us in our preparations for next summer. Don't forget to ask your mom or dad to complete the reverse side too! Keep in mind you can complete this questionnaire online. It's located under 'Forms & Documents' on your dashboard. Thanks a bunch!

- What were your favorite activities during the day? How can we make the activities better? What new activities would you like to see next summer?
- Any comments about our Intercamp Tournaments? Which were your favorites? Would you like more of some tournaments and less of others?
- List your favorite Evening Activities. What Evening Activity did you like the least?
- What were your favorite Special Events?
- Any comments on the Camp Trips?
- What did you like best about your summer at Camp Cayuga?
- What could we do to make Cayuga more fun for you?
- Were you happy with your counselors, Division Director, and the activity instructors? Why?
- Who was your favorite counselor and favorite instructor? Who was your favorite Senior Staff person?
- What was your favorite meal at camp? What was your least favorite meal?
- Would you like to be a Pen Pal with a new camper? If yes, indicate your email address below.
- If you have any camp news you'd like to share in Cayuga's *Waz Up* Newsletter, send us an email. Thanks for your feedback!

CAMPER'S NAME (print): _____ YOUR CABIN NUMBER: _____