

CAMP CAYUGA

A PRIVATE COED SUMMER CAMP IN THE POCONO MOUNTAINS

VISITING DAY PARENT SURVEY

Summer Address: 321 Niles Pond Road, Honesdale, PA 18431, Telephone: 570-253-3133, Fax: 570-253-3194
 Winter Address: PO Box 151, Peapack, NJ 07977, Telephone: 908-470-1224, Fax: 908-470-1228
 Website: www.campcayuga.com, Email: info@campcayuga.com

FOR OFFICE USE ONLY:

RECD: _____
 YR: _____ NR: _____
 ENTRY DATE: _____
 RESREQ: NO, YES
 CONF DATE: _____
 RES DATE: _____

We need your feedback to help make Camp Cayuga better! Please let us know what's important to you regarding your child's experience here at camp, and give us your opinion on how well we're satisfying your expectations. Your candid feedback is much appreciated.

Please complete this Survey and return it to the Canteen (camp store) on Junior Campus or the office on Teen Campus. If you prefer, this Visiting Day Survey can also be mailed or faxed to our summer address indicated above. As a token of our appreciation, if we receive your completed survey while your camper is still at camp, we'll give him/her a free snack item from the canteen. Thanks for your time!

INFORMATION ABOUT YOUR CHILD

Gender Of Camper: Male, Female. My child resides on: Junior Campus, Teen Campus.

Enrolled Session: Full, First 6-Wks, Last 6-Wks, First-Half, Middle-Half, Second-Half, 2-Week Mini-Session, Other _____.

Grade Entering in September: 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th.

How Many Years Has Your Child Attended Camp Cayuga (including this summer)? 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 years.

SURVEY INSTRUCTIONS

For each item, please indicate your feedback by circling the number of your choice. The rating is on a scale of 1 to 5. Number 1 being the lowest rating and 5 being the highest. There are two categories of rating: 1) IMPORTANCE refers to how important this area was in making a decision to send your child to Camp Cayuga, and 2) PERFORMANCE refers to how well satisfied you are with our performance.

	IMPORTANCE						PERFORMANCE				
ADMINISTRATION	LOW				HIGH		LOW				HIGH
Communication between Cayuga & You.....	1.....	2.....	3.....	4.....	5.....		1.....	2.....	3.....	4.....	5.....
Efficiency of Office Staff.....	1.....	2.....	3.....	4.....	5.....		1.....	2.....	3.....	4.....	5.....
Effectiveness of Materials (parent handbook, etc).....	1.....	2.....	3.....	4.....	5.....		1.....	2.....	3.....	4.....	5.....
Convenience of Arrival & Departure Dates.....	1.....	2.....	3.....	4.....	5.....		1.....	2.....	3.....	4.....	5.....
Convenience of Session Lengths.....	1.....	2.....	3.....	4.....	5.....		1.....	2.....	3.....	4.....	5.....
Convenience of Visiting Day Dates.....	1.....	2.....	3.....	4.....	5.....		1.....	2.....	3.....	4.....	5.....

Comments: _____

	IMPORTANCE						PERFORMANCE				
CAMP PROGRAM	LOW				HIGH		LOW				HIGH
Safety and Supervision.....	1.....	2.....	3.....	4.....	5.....		1.....	2.....	3.....	4.....	5.....
Variety of Daily Activities.....	1.....	2.....	3.....	4.....	5.....		1.....	2.....	3.....	4.....	5.....
Scheduling of Elective Activities.....	1.....	2.....	3.....	4.....	5.....		1.....	2.....	3.....	4.....	5.....
Opportunities for Participation.....	1.....	2.....	3.....	4.....	5.....		1.....	2.....	3.....	4.....	5.....
Opportunities for Skill Development.....	1.....	2.....	3.....	4.....	5.....		1.....	2.....	3.....	4.....	5.....
Opportunities for Fun.....	1.....	2.....	3.....	4.....	5.....		1.....	2.....	3.....	4.....	5.....
Group Size at Activities.....	1.....	2.....	3.....	4.....	5.....		1.....	2.....	3.....	4.....	5.....
Quality of Instruction.....	1.....	2.....	3.....	4.....	5.....		1.....	2.....	3.....	4.....	5.....
Activity Facilities & Equipment.....	1.....	2.....	3.....	4.....	5.....		1.....	2.....	3.....	4.....	5.....
Evening Activities.....	1.....	2.....	3.....	4.....	5.....		1.....	2.....	3.....	4.....	5.....
Special Events.....	1.....	2.....	3.....	4.....	5.....		1.....	2.....	3.....	4.....	5.....
Trips.....	1.....	2.....	3.....	4.....	5.....		1.....	2.....	3.....	4.....	5.....
Attention given to your program requests.....	1.....	2.....	3.....	4.....	5.....		1.....	2.....	3.....	4.....	5.....
Attention given to your child's program needs.....	1.....	2.....	3.....	4.....	5.....		1.....	2.....	3.....	4.....	5.....

Comments: _____

CAMP STAFF	IMPORTANCE					PERFORMANCE				
	LOW				HIGH	LOW				HIGH
Your child's Cabin Counselors.....	1.....	2.....	3.....	4.....	5.....	1.....	2.....	3.....	4.....	5.....
Activity Instructors.....	1.....	2.....	3.....	4.....	5.....	1.....	2.....	3.....	4.....	5.....
Responsiveness of Staff to your concerns.....	1.....	2.....	3.....	4.....	5.....	1.....	2.....	3.....	4.....	5.....

Comments: _____

BUS & AIRPORT TRANSPORT SERVICES	IMPORTANCE					PERFORMANCE				
	LOW				HIGH	LOW				HIGH
Pickup & Dropoff Locations & Times.....	1.....	2.....	3.....	4.....	5.....	1.....	2.....	3.....	4.....	5.....
Efficiency and Promptness	1.....	2.....	3.....	4.....	5.....	1.....	2.....	3.....	4.....	5.....
Staff Supervision & Safety.....	1.....	2.....	3.....	4.....	5.....	1.....	2.....	3.....	4.....	5.....
Responsiveness of Staff.....	1.....	2.....	3.....	4.....	5.....	1.....	2.....	3.....	4.....	5.....

Comments: _____

EXPERIENCES	IMPORTANCE					PERFORMANCE				
	LOW				HIGH	LOW				HIGH
Friends developed at Camp Cayuga	1.....	2.....	3.....	4.....	5.....	1.....	2.....	3.....	4.....	5.....
Personal Growth (independence, etc.).....	1.....	2.....	3.....	4.....	5.....	1.....	2.....	3.....	4.....	5.....
Positive Camper/Staff Relationships.....	1.....	2.....	3.....	4.....	5.....	1.....	2.....	3.....	4.....	5.....
Overall Camp Experience for your child.....	1.....	2.....	3.....	4.....	5.....	1.....	2.....	3.....	4.....	5.....

Comments: _____

A FEW MORE QUESTIONS

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

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

3) Would you like to remain on our mailing list? Yes, No.

4) Would you recommend Camp Cayuga to your friends who have children? Yes, No.

5) Can we use your name as a reference during the off-season? Yes, No.
(Sometimes new families interested in sending their child to Cayuga request to speak with other Cayuga families who know us well.)

6) What other summer experiences did/will your child have this summer? (Check all that apply.)

- Day Camp
- Specialized Instruction (dance, music, etc)
- Another Overnight Camp
- Spending Time With Other Parent
- Summer School
- Visits With Other Family Members (grandparents, cousins, etc.)
- Child Care Program
- Family Vacation
- Other (please specify): _____

7) Any other comments?

Your Name (print): _____ . Your Email Address: _____ .

Your Child's Name (print): _____ . Cabin Number: _____ .

NOTE FROM THE CAMP DIRECTOR: Your feedback is very important to us! Every summer is different from the next. "Times change" and so do our policies & programs – with your help! If you don't like the way we do something, let us know. If we're doing a good job, let us know that too. Please be honest. (Your name is not required on this survey.) If you include your name, I'll respond to your comments if deemed appropriate to do so. Your feedback is taken into account immediately, as well as for next summer. Thank you for your time and your help. *Brian Buynak, Camp Director*