

Camp Name: \_\_\_\_\_ Instructor : \_\_\_\_\_

Are you a: Museum Member  Non-Member

Please check the best response for each question:

1. The registration process was easy and clear to me.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

Please Explain \_\_\_\_\_

2. My child enjoyed the program.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

3. The instructor related well to the children.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

4. The program was educational.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

5. Overall, we are satisfied with our experience.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

6. What did your camper like best?

\_\_\_\_\_  
\_\_\_\_\_

7. What can we improve for next summer?

\_\_\_\_\_  
\_\_\_\_\_

8. What additional programs or topics would you like to see offered?

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about summer camp?

Museum Website  Museum Postcard  Museum E-News  Friend  Summer Camp Flyer  Family Magazine

Other \_\_\_\_\_

Please include your name and email to receive Museum e-blasts about family programs.

\_\_\_\_\_