

2009 Pecometh Summer Camp Parent Evaluation

Program

Tell us about your child's program(s)

What camp program did your child attend this year (check all that apply)?

- | | | |
|---|--|---|
| <input type="checkbox"/> Chester River Trek | <input type="checkbox"/> Leaps of Faith | <input type="checkbox"/> Senior High |
| <input type="checkbox"/> Day Camp | <input type="checkbox"/> Mini Camp | <input type="checkbox"/> Signs and Wonders |
| <input type="checkbox"/> Girls II Greatness | <input type="checkbox"/> River Runners | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Horseback | <input type="checkbox"/> Riverside | <input type="checkbox"/> Splashdown |
| <input type="checkbox"/> It's All Fun and Games | <input type="checkbox"/> Rock and Roll | <input type="checkbox"/> That's Not Camp! |
| <input type="checkbox"/> Late Night with Jesus | <input type="checkbox"/> Sailing on the Chesapeake | <input type="checkbox"/> Wilderness Challenge |

My child's program(s) started on:

- | | | |
|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> June 14 | <input type="checkbox"/> July 5 | <input type="checkbox"/> July 26 |
| <input type="checkbox"/> June 21 | <input type="checkbox"/> July 12 | <input type="checkbox"/> August 2 |
| <input type="checkbox"/> June 28 | <input type="checkbox"/> July 19 | |

My child's counselor(s) name:

Name:	<input type="text"/>
Name:	<input type="text"/>
Name:	<input type="text"/>
Name:	<input type="text"/>

Feedback

Tell us about your child's experience

What was your child most excited about when s/he came home from camp?

What did your child enjoy the least about her/his stay at camp?

"Handle with Care" was our theme this summer. What was your child able to share about the spiritual aspects of the program?

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How do you feel your child has grown through her/his Pecometh experience?

Please share your concerns, if any, concerning the camp, facilities, program, etc.

Evaluation

Please give us an assessment of how we did as a camp.

Based on your child's comments, how satisfied are you with the:

	Very Unsatisfied	Somewhat Unsatisfied	Neutral	Somewhat Satisfied	Very Satisfied
Food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual Focus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Is your child planning to return to camp next year?

Yes

No

Help Us Understand

If your child is not planning to attend next year, please tell us why:

Tells Us Your Plans

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If your child plans to attend next year, which program(s) would your child like to attend?

- | | | |
|---|--|---|
| <input type="checkbox"/> Chester River Trek | <input type="checkbox"/> Leaps of Faith | <input type="checkbox"/> Senior High |
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| <input type="checkbox"/> Late Night with Jesus | <input type="checkbox"/> Sailing on the Chesapeake | <input type="checkbox"/> Wilderness Challenge |

Contact Information

Please provide your contact information (optional):

Name

Address

City, State, Zip

Email

I would like to receive occasional email updates about Pecometh (you may unsubscribe at any time):

Yes

No