



CAMP HAZEN YMCA  
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| <input type="checkbox"/> Session A  | <input type="checkbox"/> Session B  | <input type="checkbox"/> Session C  | <input type="checkbox"/> Session D  |                                     |                                |
| <input type="checkbox"/> Sampler 1  | <input type="checkbox"/> Sampler 2  | <input type="checkbox"/> Sampler 3  | <input type="checkbox"/> LEA 1      | <input type="checkbox"/> LEA 2      | <input type="checkbox"/> LEA 3 |
| <input type="checkbox"/> Day Camp 1 | <input type="checkbox"/> Day Camp 2 | <input type="checkbox"/> Day Camp 3 | <input type="checkbox"/> Day Camp 4 | <input type="checkbox"/> Day Camp 5 |                                |

**Dear Hazen Families,**

We are continually striving to improve Camp Hazen YMCA to be the best Summer Camp in the World! The only way we can do this is with your help, ideas and honest feedback. We appreciate your time in completing this and sending it back to us. **Kath Davies, Camp Director**

1. Overall, how would you rate Camp Hazen YMCA? Please check only one box.

- We love Camp Hazen YMCA!     Good     Can't complain     You really could do better

2. Please explain your response to Question 1:

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3. Is your child:     Male     Female    Age of child: \_\_\_\_\_

4. Your Family is:

- New to Hazen     New to Hazen's Overnight Camp     Returning Overnight Camp Family

5. If new to Hazen; why did you choose Camp Hazen YMCA over another Camp?

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6. How would you rate Camp on each of the following?

		More than I expected	Good	Can't complain	Awful
<b>Cabin or tent counselors</b>					
	Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Enough staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Camp spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Facilities</b>					
	Quality of facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Programs and activities</b>					
	Variety of activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Activities were fun for your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child learned new skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>General</b>					
	Quality of the food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Camp encourages the values of Respect, Responsibility, Caring & Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Value for the money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Convenient schedule for sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Safety and security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Web site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Camp brochure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check-in/check-out procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Would you send your child to Camp Hazen YMCA next year?

- Yes
- No, my child will be too old, but we'll certainly recommend it to friends.
- No, other reasons: \_\_\_\_\_

8. Please indicate how much you feel Camp Hazen YMCA has helped your child:

	A lot	Somewhat	A little	Not at all
Learn to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn responsible decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Build self-confidence and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Thinking about the food that was served at Camp, would your child say:

- I loved it
- It was good, just not as good as home
- It was better than we have at School
- I didn't like it at

10. Has your child attended Overnight camp before?  Yes, at Hazen. How many years before this? \_\_\_\_

- Yes, but another camp \_\_\_\_\_
- No

11. What did your child like best about Camp?

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12. Did your child find it easy to make new friends at Camp?

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13. What camp story did your child share with you?

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14. What is Camp Hazen YMCA doing well?

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15. What does Camp Hazen YMCA need to improve?

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16. The Y is committed to serving people regardless of their ability to pay. We need to know whether we are reaching all income levels. Could you please indicate your total annual household income, before taxes?

- Under \$25,000
- \$25,000 - \$49,999
- \$50,000 - \$79,999
- \$80,000 - \$124,999
- \$125,000 - \$249,999
- \$250,000 or more

17. If you wish to have the Camp Director, Kath Davies, contact you about any aspect of Camp or about this survey, please write your name and telephone number here: \_\_\_\_\_

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