



## New Bern Parks and Recreation Department

### Bern Bear Bunch Day Camp

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1. Which session did your child attend?

☐ Session 1   ☐ Session 2   ☐ Session 3   ☐ Session 4

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Love the staff and activities!



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10/10/2020



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| 14. The fee for this program is reasonable.                                      | 1 | 2 | 3 | 4 | 5 |
| 15. I would recommend this program to others.                                    | 1 | 2 | 3 | 4 | 5 |

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## New Bern Parks and Recreation Department

### Bern Bear Bunch Day Camp

The City of New Bern Parks and Recreation Department strives to improve and expand current programming. Please take moment to complete this survey, providing us with feedback to continually offer high quality recreation programs for the citizens of New Bern. We appreciate your time, response, and continued participation.

1. Which session did your child attend?

☒ Session 1 ☐ Session 2 ☐ Session 3 ☐ Session 4

The following questions concern with your opinion of program facility (i.e. conditions of facility gym, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

**1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 2. The facility was clean and well presented.                       | 1 | 2 | 3 | 4 | 5 |
| 3. Entrances and exits were properly lighted.                       | 1 | 2 | 3 | 4 | 5 |
| 4. The facility had no boundaries to individuals with disabilities. | 1 | 2 | 3 | 4 | 5 |
| 5. The facility presented a safe atmosphere.                        | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program personnel (i.e. staff, volunteers, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 6. Personnel performed their duties with the utmost professionalism.  | 1 | 2 | 3 | 4 | 5 |
| 7. Personnel treated each participant fairly and equally.             | 1 | 2 | 3 | 4 | 5 |
| 8. Personnel are organized with activities and events.                | 1 | 2 | 3 | 4 | 5 |
| 9. Personnel involvement contributed to participant's personal growth | 1 | 2 | 3 | 4 | 5 |
| 10. I would participate in this program with current personnel.       | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program procedures (i.e. registration, payments, scheduling, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 11. Registration time and locations are easy and convenient.                     | 1 | 2 | 3 | 4 | 5 |
| 12. I received information on program registration in a timely manner.           | 1 | 2 | 3 | 4 | 5 |
| 13. I receive notices/announcements about program activities in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 14. The fee for this program is reasonable.                                      | 1 | 2 | 3 | 4 | 5 |
| 15. I would recommend this program to others.                                    | 1 | 2 | 3 | 4 | 5 |

Please leave additional comments below.

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