

SUMMER IN THE STUDIO  
survey

1 How did you hear about Summer in the Studio?

2 Has your child(ren) attended camp at the Coral Springs Museum of Art prior to this summer?

If so, when?

3 Did your child(ren) enjoy his/her camp experience this session?

4 Did your child(ren) have a quality learning experience this session?

5 Did you feel your child(ren) was in a safe environment while at camp?

6 Did you feel the registration process was easy to do?

If not, please describe

7 Would you recommend the Summer in the Studio program to others?

8 Would you be likely to register your child(ren) for future sessions?

9 Is there any staff member you would like us to recognize for providing exceptional service?

Please list name

10 Has your child(ren) attended a different art based camp?

If so, where and how did we compare?

11 What other camps did your child(ren) attend this summer?

i.e. soccer, swim, basketball, etc.?

12 Do you have any suggestions to improve upon your Summer at the Studio experience?

13 Are you a Museum member?

14 Is there a Museum member we should thank because of a referral to Summer in the Studio?

Would you like to add a testimonial we can use on our website?

Name

