



Fair Glen Outdoor Christian Education Centre

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Dear Parents,

We are pleased that your child’s class will be participating in the Fair Glen Outdoor Creation Experiences. This program is designed to assist schools in providing: quality learning experiences in the outdoor classroom—emphasizing environmental stewardship & leadership. We want to give back our children’s ‘WILDhood’ again! Activities chosen by your child’s teacher(s) will be coordinated by Ryan Lamoureux, Fair Glen O.C.E. Director & other FG Staff. Your child will be participating in curriculum-related field studies and recreational programs, with recreation times supervised by school leaders.

Since 1985, Fair Glen has been educating school groups and serving families through nature-focused learning, hosting year-round retreat groups, and equipping Youth Leaders through the “Stepping Stones” summer program & post-graduate “Internship Program”. It is part of Fair Havens Ministries (since 1941) which runs a Family Camp all summer for you and your children to enjoy!

Please use the O.C.E. checklist below as a packing guide, complete the student information form and return it to your child’s teacher. The teacher will take it with them for class records during the visit. Please make cheques payable to your child’s school, not Fair Glen.

O.C.E. ‘What-To-Bring List’ (*= ‘Winter Extras’)

- | | | |
|------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Bag Lunch for 1 st day | <input type="checkbox"/> Sleeping bag or bedding | *Winter Extras |
| <input type="checkbox"/> Water bottle | <input type="checkbox"/> Rubber boots & outdoor shoes | <input type="checkbox"/> *Long johns/sweatpants |
| <input type="checkbox"/> Flashlight (or headlight) | <input type="checkbox"/> Indoor shoes/slippers | <input type="checkbox"/> *Snow pants |
| <input type="checkbox"/> Pants (+ extra) | <input type="checkbox"/> Sweaters/fleeces/coat | <input type="checkbox"/> *Snow boots |
| <input type="checkbox"/> Shirts/t-shirts (+extra) | <input type="checkbox"/> Toiletries | <input type="checkbox"/> *Warm gloves, scarf & hat |
| <input type="checkbox"/> Rain coat/pants | <input type="checkbox"/> Towel/soap/shampoo | <input type="checkbox"/> *Warm winter coat, |
| <input type="checkbox"/> (or poncho/garbage bag) | <input type="checkbox"/> Pajamas | <input type="checkbox"/> *Winter boots (+extra socks) |
| <input type="checkbox"/> Reading book & Bible | <input type="checkbox"/> Socks/day (+extra) | |
| | <input type="checkbox"/> Paper & pen/pencil | |

Optional equipment (i.e. *skates & helmet *wool socks, *hockey stick, *personal snowshoes).

Students stay in dorms with bunk beds and have teacher/parent cabin supervision. Students may wish to bring at their own risk: binoculars or a camera. **Please do not bring** gum, phone, radios, CDs, mp3’s, or electronic games except for bus use only—we encourage students to be unplugged, to re-connect with friends! **Ice Rink Safety: If your child is interested in skating, “helmets” are highly recommended.** Thank you.

✂ Cut here & return bottom portion to your teacher.

Student’s name _____ Birth date (y/m/d) ___ / ___ / ___
 Parent’s name(s) _____ Home Phone # (____) _____ - _____
 Address _____ Work Phone # (____) _____ - _____
 City/Town _____, ON, ___ ___ Emergency Ph.#(____) _____ - _____
 ON Health Card – Teacher will call or have list. **ALLERGIES:** _____
 Other info. _____ Physicians Ph.# (____) _____ - _____

Understanding that all due diligence towards safety will be carried out by Fair Glen staff, **we** give permission for _____ to attend Fair Glen and permit our Teachers (consulting with Fair Glen staff) to use their best judgment in obtaining the best medical care, if needed, for our child. All efforts will be made to contact us until reached. Any additional medical/transportation costs are our responsibility. _____ (Initial)

Fair Glen may use any photographs or video of our child for promotional material only. _____ (Initial)
 I have been informed of the curriculum/activity choices and give permission for my child to participate in all activities scheduled _____ (Initial) [The classroom teacher is in charge of discipline and oversight of students.]

Parent/Guardian’s signature: _____ **Date:** _____
 Name (printed): _____ School: _____