



Joy El Generation
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Igniting a generation that seeks Him! Psalm 24:6

Providing opportunities for people to experience life-change through personal encounters with God.

A non-profit, non-denominational faith-based ministry relying on gifts from churches, organizations, and individuals.

Academic benefits for your children!



For information from The National Council on Crime & Delinquency on results parents have seen in children who attend a Release Time Bible program click here :

www.joyelgeneration.org/bible-adventure/benefits/



A released time Bible program:
An opportunity for public school students to receive biblical instruction from caring adults.



"I trust the leaders of this group and love that my child has their influence."
--Parent of a Bible Adventure Program Student

Register Online: joyelgeneration.org

The Chambersburg Area School District does not sponsor or sanction this program/event/activity



BIBLE ADVENTURE

Your Adventure through
the Bible awaits!



THE PROGRAM PROVIDES:

- A **SAFE** environment for learning.
- A place to **BELONG** where children are **VALUED** and **LISTENED** to.
- A place where **SPIRITUAL QUESTIONS** can be safely asked and addressed.
- An opportunity to **MEMORIZE SCRIPTURE** and **EARN AWARDS** that lead to discounts toward summer camp. A total of 300 points earns a week of **FREE CAMP** at Joy El Camps and Retreats!

THE FACTS:

- A legal, state-approved program that allows public school students to be dismissed from school for biblical education.
- Provided by Joy El Generation for students beginning in 3rd grade.
- Held off school property during school . Children are transported or walked to programs by Joy El Generation volunteers with all required background clearances.
- **Free to participants.**
- Parental permission required. Students are enrolled on a first-come first-served basis. Children who register must attend weekly unless a parent withdraws the student in writing.
- School work missed while attending Bible Adventure can be made up.

Your School Coordinator is:

Contact this person for information about Bible Adventure at your school.

Permission Form — Please PRINT clearly and legibly

Return completed form to your school

or REGISTER ONLINE here at www.joyelgeneration.org/bible-adventure-permission-form/

Last Name		First Name		Sex (Circle one) Male Female	
Mailing Address			City / State		
Zip Code	Home Phone #		Student Cell Phone #	Birth Date	
School during 2024-2025			Grade during 2024-2025	Homeroom / Teacher	
Parent(s) or Guardian(s)			Parent Email		
Parent Work Phone	Preferred Contact Method: Call Text Email <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Parent Cell Phone		
Home Church (if any)			Church Phone	Church Email	
Emergency Contact Name			Emergency Contact Phone		
Doctor			Doctor Phone		
Health Insurance Co.			Health Insurance Policy #		
List medications your child is allergic to, health problems, and special behavioral or learning needs.					

1. Would you be willing to serve as a Bible Adventure volunteer? Yes _____ No _____
2. Has your child attended Bible Adventure/Released Time before? Yes _____ No _____
If yes, in what school and what grade? _____
3. I give permission for my child to participate in the Bible Adventure program. Registered students must attend each week.
4. I understand my child will be walked or transported (van, bus, or personal vehicle) to and from the place of instruction by the Bible Adventure volunteer staff.
5. Bible Adventure volunteer staff will serve *in loco parentis* for me to attest to my child's attendance at the religious sessions.
6. I give permission for Joy El to use photos that include my child in print or electronic media for publicity purposes.
7. Joy El Generation will in no way be responsible for medical treatment or liability resulting from physical conditions existing prior to my child attending Bible Adventure .
8. By providing an email address and phone number, I am granting Joy El permission to email and text message news and information about Joy El programs to the address(es) provided.
9. I give permission to the Bible Adventure volunteer staff to act on my behalf in my child's best interest in the event of an accident or emergency. I give permission to the hospital and/or doctor to treat or operate on my child.
10. I give Joy El permission to release insurance information to medical or hospital personnel in the event that my child should need medical attention.

Parent Signature (My signature implies consent for all above statements.)

Date