# Join



# Today

For details on <u>program locations</u>, <u>start dates</u>, and <u>meeting times</u> please visit our website or contact your CIA Coordinator for more information.

Joy El Generation 3741 Joy-El Drive Greencastle. PA 17225



717.369.4539 info@joyel.org www.joyelgeneration.org

# 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 Released Time Bible program click here:

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





A weekly Middle-School/Jr. High released time Bible program:
An opportunity for students to discuss and explore God, the Bible, and the difficulties they face everyday.



"I got to meet new friends and people who wanted to learn about Jesus as much as I did."
— former CIA student

Register Online: joyelgeneration.org



\*\*\*The Chambersburg Area School District does not sponsor or sanction this program/event/activity\*\*\* CIA agents need to be the best investigators out there. Are you willing to discover more about yourself and who God is alongside your friends?





## What Does the CIA Program Provide?

- A weekly program held off school grounds with caring adult volunteers of Joy El Generation.
- A safe place to ASK QUESTIONS with other students about life, God, and the Bible.
- A place where adults want to listen to you and help you with the struggles of daily life.
- A place to have fun with your friends!
- 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 about CIA

- 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 in Middle School or Jr. High School..
- Held off school property during school and children are transported or walked 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 CIA can be made up.
- Christians In Action IS NOT AFFILIATED IN ANY WAY WITH OR SPONSORED BY THE SCHOOL DISTRICT.

**Your CIA Program School Coordinator is:** 

Contact this person for information about the Christians in Action program at your school.

### Permission Form — Please PRINT clearly and legibly

Return completed form to your school (\*Required field)

or REGISTER ONLINE here at www.joyelgeneration.org/cia/start-here

| * Last Name  | * Name              |                               | st Name   | * Sex (Circle one)<br>Male Female |
|--|---------------------|-------------------------------|---|-----------------------------------|
| *Mailing Address   |                     |                               | * City / State  |                                   |
| * Zip Code   | * Primary Phone #   |                               | Student Cell Phone #  | * Birth Date                      |
| * School during 2025-2026                                      |                     |                               | * Grade during 2025-2026  | Homeroom / Teacher                |
| * Mother/Guardian Name   |                     |                               | * Mother/Guardian Email   |                                   |
| Mother/Guardian Phone Preferred Contact Method Call Text Email |                     | Home Church Name (if any)     |   |                                   |
| * Father/Guardian Name   |                     |                               | * Father/Guardian Phone   |                                   |
|  |                     |                               | * Father/Guardian Email   |                                   |
| Emergency Contact Name   |                     |                               | Emergency Contact Phone   |                                   |
| Doctor   |                     |                               | Doctor Phone  |                                   |
| Health Insurance Co.   |                     |                               | Health Insurance Policy #   |                                   |
| ist medications your child is                                  | s allergic to       | , health problems, and sp     | <br>ecial behavioral or learning ne                                       | eds.                              |
| * Name & Time of school pr                                     | ogram you           | teen will be attending        |   |                                   |
| For CIA after-school stude                                     | nts only– P         | lease Indicate who's desig    | nated to pick up you teen   |                                   |
| I give permission for my to<br>2025-2026 school year.          | een to atten        | d the Joy El Generation CIA   | (Christians In Action), a released  | time Bible program during the     |
|  |                     |                               | s, or personal vehicle) to and from<br>nts or designated adults must pion |                                   |
| CIA volunteer staff will ser                                   | ve in <i>loco p</i> | arentis to attest to my teen' | 's attendance at the religious ses  | sions.                            |
|  |                     |                               | print or electronic media for pub   |                                   |
| Joy El Generation will in n<br>to my teen attending CIA.       | o way be re         | sponsible for medical treatn  | nent or liability resulting from ph                                       | ysical conditions existing prior  |

By providing my own or my teen's email address and phone #, I am granting Joy El permission to email or text message news and

I give permission to the CIA volunteer staff to act on my behalf in my teen's best interest in the event of an accident or emergen-

I give Joy El permission to release insurance information to medical or hospital personnel in the event that my child should need

Date

information about Joy El's programs to the address(es) provided.

medical attention.

cy. I give permission to the hospital and/or doctor to treat or operate on my teen.

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