Join Today

For details on programs, start dates, and meeting times please visit our website or contact your CIA Coordinator for more information.

Joy El Ministries

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Greencastle, PA 17225

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www.joyel.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.







A weekly 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

This is a non-school sponsored activity.

Register Online: joyel.org

CIA agents need to be the best investigators out there. Are you willing to discover more about who God is alongside your friends?







What Does the CIA Program Provide?

- 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!
- A weekly program held off school grounds with caring adult volunteers of Joy El Ministries.
- A safe place to **ASK QUESTION**S with other students about life, God, and the Bible.
- A place to have fun with your friends!
- A legal, state-approved program that allows public school students to be dismissed from school for biblical education.
- Provided by Joy El Ministries for students in 6th-8th grade.
- Held off school property during school and children are transported or walked by Joy El Ministries volunteers with all required background clearances.
- **Free to participants.**
- Parental permission required. Children who register must attend weekly unless a parent withdraws the student in writing.
- School work missed while attending CIA can be made up.

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.joyel.org/cia/

* Last Name * First Name		* Sex (Circle one) Male Female
*Mailing Address		* City / State
* Zip Code	* Primary Phone #	* Birth Date
* School during 2026-2027	* Grade during 2026-2027	Homeroom / Teacher
* Mother/Guardian Name		* Mother/Guardian Email
* Mother/Guardian Phone		Home Church Name (if any)
* Father/Guardian Name		* Father/Guardian Phone
* Father/Guardian Email		(Mother) Preferred Contact Method: Call Text Email (Father) Preferred Contact Method: Call Text Email
Emergency Contact Name		Emergency Contact Phone
Health Insurance Company		Health Insurance Policy number
List medications your child is allergic to, health problems, and special behavioral or learning needs.		
* Name & Time of school program you teen will be attending		
* For CIA after-school students only– Please Indicate who's designated to pick up your teen		

1. I give permission for my teen to attend the Joy El Ministries CIA (Christians In Action), a released time Bible program during the 2026-2027 school year.
2. I understand that my teen will be walked or transported (van, bus, or personal vehicle) to and from the place of instruction by CIA staff for in-school programs. (For after-school programs, parents or designated adults must pick students up at the CIA class's location.)
3. CIA volunteer staff will serve in *loco parentis* to attest to my teen's attendance at the religious sessions.
4. I give permission for Joy El to use photos that include my teen in print or electronic media for publicity purposes.
5. Joy El Ministries will in no way be responsible for medical treatment or liability resulting from physical conditions existing prior to my teen attending CIA.
6. By providing my own email address and phone #, I am granting Joy El permission to email, text and call about news and information about Joy El's programs to the address(es) provided.
7. 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 emergency. I give permission to the hospital and/or doctor to treat or operate on my teen.
8. 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