Join Bible Adventure Today

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

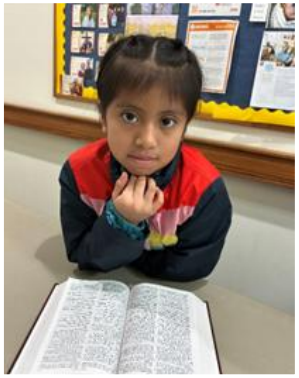
Joy El Ministries
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Greencastle, PA 17225

717.369.4539
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JOY EL ministries

Igniting a generation that seeks Him! Psalm 24:6

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







Bible Adventure



A weekly released time Bible program:

An opportunity for public school students to receive

JOY EL ministries

"I trust the leaders of this group and love that my child has their influence."

This is a non-school sponsored activity.

Register Online: joyel.org

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!

The facts:

- A legal, state-approved program that allows public school students to be dismissed from school for biblical education.
- Provided by Joy El for students beginning in 3rd grade.
- Held off school property during school. Children are transported or walked to programs by Joy El 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 Bible Adventure can be made up.

Your School Coordinator is:

Permission Form — Please PRINT clearly and legibly

Return completed form to your school (*Required field)

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

* 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 Email	
* Father/Guardian Phone		(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.			

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 Ministries 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, text or call about 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