

Use the form inside to register for one day  
or for the remainder of the year!

You are invited to join us on \_\_\_\_\_  
from \_\_\_\_\_ or the next day the  
program meets. If you are invited to an  
after-school program you need to be picked  
up at \_\_\_\_\_

**Friend Day!**

You are invited  
to  
CIA

CIA is operated by



Joy El Generation  
3741 Joy El Drive  
Greencastle, PA 17225  
717-369-4539  
[www.joyelgeneration.org](http://www.joyelgeneration.org)

Questions? Call

## Why should I join?

- To build strong, close friendships with other like-minded teens. To gain an understanding of God's Word and why it's important for today.
- To learn how to pray, study the Bible, have daily devotions and share your faith with others.
- To have an opportunity to discuss real life issues with friends and caring adult leaders.



## What is CIA?

- CIA is a club for junior high/middle school students with a hunger to explore the Christian faith.
- CIA is a discipleship program provided by Joy El Generation. Meetings take place on a weekly basis.
- CIA is a legal, state-approved program that allows public school students to be dismissed from school for religious instruction. Classes are held off school property during school hours and transportation is provided by Joy El Generation volunteers. Some classes offer an after-school program in addition to or in place of the in-school program.
- CIA is not sponsored by the school. There is no conflict of church and state. The school does not encourage nor discourage students from attending.
- There is no cost to participate. Any student is eligible to attend, however parental permission is required. Registered students must continue to attend unless a parent provides written notice of withdrawal to the CIA volunteer staff.



CIA friend who invited me \_\_\_\_\_

Please check **one** of the following boxes. I give permission for my child to attend:

Invite a Friend Day (1 day) **OR**  Remainder of school year.

Last Name		First Name		Gender (circle one) Male    Female	
Address			City		State
Zip Code	Home Phone # (    )	Teen Cell Phone (    )	Birth Date		
School		Grade	Homeroom /Teacher		
Parent Email		Teen Email (if different from parent)			
Home Church (if any)		Church Phone	Church Email		
Parent(s) or Guardian(s)		Parent Phone (    )	Parent Cell Phone (    )		
Emergency Contact		Emergency Contact Phone (    )			
Doctor		Doctor Phone (    )			
Health Insurance Co.		Health Insurance Policy #			
List medications your teen is allergic to, health problems, and special behavioral or learning needs.					
Name and time of school program your teen will be attending. (See back for list of programs and times.)					
FOR CIA after-school students only— Please indicate who is designated to pick up your teen at the CIA location:					
I would like more information about volunteering with CIA:      Yes                  No					

I give permission for my teen to participate in Christians in Action.  
 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.)  
 CIA volunteer staff will serve in loco parentis to attest to my teen's attendance at the religious sessions.  
 I give permission for Joy El to use photos that include my teen in print or electronic media for publicity purposes.  
 Joy El Generation will in no way be responsible for medical treatment or liability resulting from physical conditions existing prior to my teen attending CIA.  
 By providing my own or my teen's email address I am granting Joy El permission to email news and information about Joy El programs to the address(es) provided.  
 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.  
 I give Joy El Generation permission to release insurance information to medical or hospital personnel in the event that my child should need medical attention.  
 My signature below implies consent for all of the above statements.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**CIA is offered for the following schools.**

Chambersburg Area Middle School North

Northern York Middle School

Chambersburg Area Middle School South

Shippensburg Area Middle School

Central Fulton Middle School

Southern Fulton Middle/High School

Dover Intermediate School

So. Huntingdon County Middle/High School

Eastern York Middle School

Spring Grove Middle School

Forbes Road Junior/Senior High School

Waynesboro Area Middle School

Greencastle Area Middle School

James Buchanan Middle School

For details on start dates, meeting times and meeting locations, please contact your school coordinator.

**Your School Coordinator is:**

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



*Igniting a generation that seeks Him! (Psalm 24:6)*

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 Greencastle, PA 17225

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