

Join Today!

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



The Ziebarth Family

Dear Parent or Guardian,

In the news and in conversations, it becomes clear that people are concerned. Stress and anxiety are skyrocketing for children. Solutions are offered, but they don't seem to be working. I am so thankful that we can offer hope through Christians In Action.

Parents tell us the #1 reason they send their children to Christians In Action is for the quality spiritual instruction. The second reason is because of the caring relationships their children develop with the volunteers. I am excited that you are considering this program for your child. The biblical mentoring given by adults who lovingly care

for your children (we have a ratio of one volunteer to every 2.5 children) will help them significantly improve their character and improve their outlook on life. This life-changing hope is so valuable. The benefits regularly translate into improved school performance and interaction with their peers. If we can answer any questions as you consider this valuable program, please give us a call.

— Aaron E. Ziebarth, CEO

Joy El Generation
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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.

"Sometimes it's hard to meet people in middle school. CIA is made up of a smaller group so it made it easier for me to connect with other people at my middle school."

—former CIA student



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

Register Online: joyelgeneration.org



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?

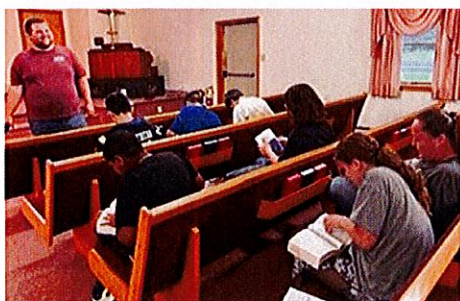


What Does the CIA Program Provide?

- 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 6th-8th grade.
- 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
Return completed form to your school or register online at
<https://joyelgeneration.org/cia/start-here/>

Last Name		First Name		Sex (circle one) Male Female	
Mailing Address			City		State
Zip Code	Home Phone #		Teen Cell Phone #		Birth Date
School during 2024-2025	Preferred contact method Call <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/>		Grade during 2024-2025		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 and attach 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 our website for program details / to register)					
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 attend the Joy El Generation CIA (Christians in Action), a released time Bible Program during the 2024-2025 school year.
- ♦ 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 and phone # I am granting Joy El permission to email or text message 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 _____