

Join the Released Time Bible Program!

What results parents are seeing in their children...

"In the last two years, listening to my son pray has been so enjoyable and endearing."



"My son continues to see the importance in having a healthy and growing relationship with Jesus. I am relieved to hear/see this as he moves into middle school, a pivotal growing time in many lives."

"A highlight for me was seeing my child want to strengthen her relationship with Jesus."

"My child learned a deeper level of respect for others and pride in learning and absorbing the Word of God!"

Dear Parent or Guardian,

Parents consistently tell us the #1 reason they send their child to the Released Time Bible Program is for the quality spiritual instruction. I am excited that you are considering this program for your child.



The Ziebarth Family

Every day we see how the biblical instruction given by adults who lovingly care for your children (we have a ratio of 1 volunteer to every 2.5 children) will help them significantly improve their character and improve their outlook on life.

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, Executive Director

A non-profit, non-denominational faith-based ministry relying on gifts from churches, organizations, and individuals.

Contact us:

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

JOY EL
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Your School Coordinator is:

Contact this person for information about the Released Time Bible Program at your school.

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Released Time Bible Program

An opportunity for school students to receive biblical instruction from caring adults.

Igniting a generation that seeks Him

Character Development



For moral, social, intellectual and spiritual growth through biblical instruction



Mentoring and Positive Relationships

With adult role models and like-minded friends



"I trust the leaders of this group and love that my child has their influence."
— parent of a Released Time student

Released Time has academic benefits for your children!

The National Council on Crime and Delinquency did a study* on Released Time classes that found the following:

1. "A comparative review of all 4th and 5th graders involved in this program **perform better than their classmates** as a whole in almost every category."

2. "Released Time students improved after one year in three categories of literacy skills: comprehension, spelling, and vocabulary."

3. "The program also provides youth with strong adult mentorship and bonding, and reinforces positive moral and character development in an environment where teachers and administrators struggle with unruly students."



* Quoted from "Summary of Findings: Released Time Bible Education. A program evaluation conducted by The National Council on Crime and Delinquency."

Additionally, Released Time 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 Camps and Retreats!



The FAQs about the Released Time Bible Program

- A legal, state-approved program that allows public school students to be dismissed from school for biblical education.
- **RELEASED TIME IS NOT AFFILIATED IN ANY WAY WITH OR SPONSORED BY THE SCHOOL DISTRICT.**
- Provided by Joy El Generation for students beginning in 3rd 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 Released Time can be made up.

Permission Form — Please PRINT clearly

Return completed form to your school or register online at www.joyelgeneration.org.

Last Name		First Name		Sex (Circle one) Male Female	
Address			City / State		
Zip Code	Home Phone # ()		Birth Date		
School during 2017-2018			Grade during 2017-2018		Homeroom / Teacher
Parent(s) or Guardian(s)			Parent Email		
Parent Work Phone ()		Parent Cell Phone ()			
Home Church (if any)		Church Phone ()		Church Email	
Emergency Contact Name			Emergency Contact Phone ()		
Doctor			Doctor Phone ()		
Health Insurance Co.			Health Insurance Policy #		
List medications your child is allergic to, health problems, and special behavioral or learning needs.					

1. Would you be willing to serve as a Released Time volunteer? Yes _____ No _____
2. Has your child attended Released Time before? Yes _____ No _____
If yes, in what school and what grade? _____
3. I give permission for my child to participate in the Released Time Bible 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 Released Time volunteer staff.
5. Released Time 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 Generation will in no way be responsible for medical treatment or liability resulting from physical conditions existing prior to my child attending Released Time.
8. By providing an email address, I am granting Joy El permission to email news and information about Joy El programs to the address(es) provided.
9. I give permission to the Released Time 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