CIA friend who invited me _____

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

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

Last Name First Name		Gender (Circle one) Male Female
Address	City / State	
Zip Code	Home Phone # ( )	Birth Date
School	Grade	Homeroom /Teacher
Parent(s) or Guardian(s) Preferred Contact Method: Call ☐ Text ☐ Email ☐	Parent Email	
Parent Work Phone ( )	Parent Cell Phone ( )	
Home Church (if any)	Church Phone ( )	Church Email
Emergency Contact Name	Emergency Contact 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 CIA volunteer? Yes _____ No _____
2. Has your child attended CIA before? Yes _____ No_____
   If yes, in what school and what grade? _____
3. I give permission for my child to participate in CIA_____
4. I understand my child will be walked or transported (van, bus, or personal vehicle) to and from the place of instruction by the CIA volunteer staff.
5. CIA 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 CIA.
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 CIA 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

-Over-

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Christians In Action IS NOT AFFILIATED IN ANY WAY WITH OR SPONSORED BY THE SCHOOL DISTRICT.

Dear Parents,

Your child is invited to join us for Invite-A-Friend Day at **Joy El's** CIA on _____!

CIA is for middle school children in grades 6-8 who want to learn more about God and His Word. We sing, listen to a Bible lesson, and spend time with caring adult "listeners" in small groups. CIA is operated by Joy El Ministries.

We are excited to offer an Invite a Friend Day to children who might want to join us for a day or the rest of the year! Your child is welcome to join us on _____. If you would like your child to attend, please fill out the permission form on the reverse side and return it to the school.

Our local CIA group meets from _____at _____ on _____. Transportation is provided by Joy El. Parents are always welcome to observe and are also encouraged to volunteer.

We hope that your child will enjoy the Invite a Friend Day and wish to continue coming to CIA the rest of the year!

If you have any questions, please contact me at phone # _____, or email _____.

Sincerely,

CIA School Coordinator

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