ENROLL ONLINE AT WWW.ONFIREYOUTHMINISTRY.ORG/RELEASEDTIME

onfire Released Time

BUILDING A RELATIONSHIP WITH GOD AND OTHERS WHILE HAVING FUN IN A SAFE, CARING ENVIRONMENT.

WHAT? Released Time takes place when public school students are released from their classrooms to learn about God and His Word. Students sing, learn about the Bible, spend time with caring adults, play games, make crafts, and memorize Bible verses.

WHEN? Tuesdays & Wednesdays, during the lunch and recess hour

WHO? ELCO students in grades 3-5

WHERE? OnFire facility in Myerstown

OnFire Released Time is offered to students in the ELCO School District; however, it is not sponsored, af liated or endorsed by the district. There is no cost to participate. Students are responsible for making up any schoolwork missed while at Released Time. Once registered, students must attend Released Time weekly unless withdrawn by their parents/guardian in writing. Questions? Please email OnFireReleasedTime@gmail.com.

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OnFire Released Time
Permission Slip

I give my child permission to attend RELEASED TIME (circle one)
ONE TIME EVERY WEEK
If applicable, He/She was invited by _____

Student Name _____ Male Female
Date of Birth _____ Grade 3 4 5 Teacher _____
(circle one)
Parent/Guardian Name(s) _____
Address _____ City, State, Zip _____
Home Phone _____ Cell Phone _____
Parent/Guardian Email _____
Daytime Contact Number _____ Home Church (if any) _____
Emergency Contact Name and Number
(IN THE EVENT PARENT CANNOT BE REACHED)

_____

Please list allergies (including food) and any special needs

_____ _____

Lunch Preference (Circle One) Cafeteria Bagged Lunch Packed Lunch

1. I give permission for my student to attend OnFire Released Time, hereafter OFRT, sponsored by OnFire Youth Ministries Inc., hereafter OnFire and hosted at OnFire's acility at 19 W Main Avenue, Myerstown, PA. I am confident that appropriate care and effort will be made for his/her safety however I understand the accidents do occur, and in case of a medical emergency, I understand that every effort will be made to contact me. If I cannot be reached, I give permission to the physician selected by OFRT staff/volunteers to secure proper treatment for my student.
I, the undersigned parent/guardian of said student, do release, acquit, discharge, and covenant to hold harmless and indemnify OFRT, OnFire and their respective epresentatives, employees, and volunteers from any and all actions, damages, and liabilities arising out of any accident or sickness, or treatment thereof incurred by said student during participation in the OFRT program.

2. I give permission for OFRT to use photos that include my student in print or electronic media for publicity purposes.

3. I have read the above information and by signing below I give my consent to all the above.

_____ _____
Parent/Guardian Signature Date

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