



Center Pointe Student Ministry
Student Worship and Small Group:
Tuesdays 7:00 – 8:30 pm
Beginning in September

JH Small Group Application

Today's date: _____

Name _____ Birth date _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ email _____

What grade are you in '09-'10 ? (circle one) 7th 8th

School _____

Parent or Guardian's Name _____

Were you in a CPSM small group last year? Yes No

If yes, whose group? _____

Is there an adult whose small group you would like to be in? Yes No

If yes, whose group? _____

List two students who you would like to have in your small group:

1. _____ 2. _____

What is more important to you...to be in the group of the adult leader or the students you listed?
(circle one)

I understand that by completing this application, I am committing to attending my small group on a regular and ongoing basis. I will arrive with my Bible and with a positive attitude with a sincere desire to grow deeper in my relationship with Jesus Christ. I will also adhere to the values of my small group.

I also understand, that at any time, I become a disruption to my group or if my attendance becomes inconsistent, I may be dismissed from my small group.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____