

The Journey Group

A group for girls to discover:

Who YOU are, who GOD is and why that MATTERS.

High school Girls Group- 10 Weeks

Starting Monday, September 10th from 4:30-6pm at Centered for Life.

Middle school Girls Group- 10 Weeks

Starting Wednesday, September 5th from 4:30-6pm at Centered for Life.

How to Sign up:

1. Complete Registration form (attached) and turn into office at Centered for Life OR scan to Megan (megan@centeredforlife.com)
2. Payment = \$400 total cost.
 - Deposit of \$100 to reserve spot*/ first come, first serve.
 - Deadline to sign up = September 1st
 - Turn in deposit to Megan OR Lori Nichols at the front desk of Centered for Life.

Email: megan@centeredforlife.com for any questions!

*Due to limited spaces available for this group, only a deposit will reserve your students spot in this class.

Dates for High school:

(Monday from 4:30-6pm)

- September 10
- September 17
- September 24
- October 1
- October 8
- October 15
- October 22
- October 29
- November 5
- November 12

Dates for Middle school:

(Wednesday from 4:30-6pm)

- September 5
- September 12
- September 19
- September 26
- October 3
- October 10
- October 17
- October 24
- October 31 (OFF)
- November 7
- November 14

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- What does a group gathering include each week?
 - Session length = 1 hour and 30 min.
 - Welcome with snacks and drinks
 - Teaching
 - Activity
 - Process
 - Journal/ Take-home
- Who YOU are:
 - How do you see yourself currently?
 - How does God see you? How did He make you?
 - Get rid of the NATS (negative automatic thoughts)
 - What “mask” do you walk around wearing?
 - How are you wired?- Take the Enneagram to bring awareness of your personality AND help you navigate relationships
- Who GOD is:
 - Truth of who God is according to Scripture.
 - Discover the spiritual gifts God has given you.
 - How do you view your earthly father vs. your Heavenly father?
- Why that MATTERS:
 - In this life we will have trouble (John 16:33); this leads to brokenness and woundings. Our wiring and our wounding effect how we live our life.
 - God says that we have access to a vibrant and full life (John 10:10).
 - What has God call you specifically to do while on Earth?
 - Write out mission statement.
 - Make bucket list of dreams.

***When we know who we are and who God is,
we can walk in our destiny of who God created us to be.***



CENTERED LIFE

Intake Form (Confidential)

The following form, which will become a part of your confidential record, will enable us to gain a quicker understanding of you. Please answer each question as completely and carefully as you can.

Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Present Address: _____
Number Street
City County State Zip Code

Phone/Cell: _____ Email: _____

Presently living with: Parents _____ Spouse _____ Roommate _____ Alone-Other _____

Marital Status: Single _____ Married _____ (# of Years _____) Divorced _____ Separated _____

Family member to notify in case of emergency: Name: _____

Address: _____ Phone: _____

Referred by: _____

Church Affiliation: _____

* School Attending this Fall: _____

FAMILY MEMBERS

Relationship	Name	Age	Grade in School last Completed	Occupation
Spouse	_____	_____	_____	_____
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Brother(s)	_____	_____	_____	_____
Sister(s)	_____	_____	_____	_____
Children	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____



Information Sheet

Counseling is a cooperative venture with responsibility resting on both the counselor and the client. In order to enable you and your counselor to work most effectively together, we ask that you carefully read the information below.

Centered for Life provides counseling from a Christian perspective for individuals, couples, families and groups. Our services are available to residents of the community regardless of race or religious affiliation. Your counselor is licensed as a mental health professional in the state of Georgia. If your situation requires a special level of care, you will be provided with a referral to other agencies.

CONFIDENTIALITY: Communications between client and counselor are confidential and will not be revealed unless required by law, such as in situations of child abuse or threats of physical harm to self or others or subpoena of a court. Communications with your counselor are generally protected by privilege but are subject to subpoena by the courts should litigation be brought against you.

COUNSELING FEES: The fee for a 50-minute session varies depending on the counselor providing services. Any other arrangement must be negotiated with your counselor. We ask that your account be kept current and that payment be made by check or cash prior to each session. A non-refundable retainer equivalent to the fee for one session is paid in advance in order to hold your appointment times and to serve as your last payment. It is our policy and the appropriate standard of care that all clients have a termination or final session in order to review progress against goals and to establish post-treatment plans.

CANCELLATION OF APPOINTMENTS: If you must cancel your appointment, please leave a message on your counselor's voicemail at least 24 hours in advance of your scheduled appointment. Your cooperation in this regard will be greatly appreciated. Failure to cancel a scheduled appointment will result in a charge of the fee for one session.

TELEPHONE CALLS: You may leave a message for your counselor 7 days a week, 24 hours a day. When calling, please leave your name and telephone number on your counselor's voicemail and your call will be returned as soon as possible.

EMERGENCY PROCEDURES: The counselors are not available to handle emergencies. If you have an emergency, you will need to contact either a hospital emergency room or the police as appropriate to the situation.

I have read the above information and voluntarily request counseling services from Centered For Life, and I agree with these terms and conditions. *

Signature: _____ Date: _____

*The signature of the custodial parent or guardian is required for clients under 18 years of age.



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for
LIFE**

Request for Services:

I have read the Centered for Life Information Sheet and voluntarily request counseling services in accord with terms described on the information sheet.

Signature _____

Date _____

For clients age 17 and under, the signature of his/her guardian or custodial parent is required.

Signature _____

Date _____

PLEASE SUBMIT PAYMENT WITH THIS FORM PRIOR TO FIRST SESSION



Centered for Life Professional Disclosure Statement

Centered for Life is a Christian organization offering counseling, life-coaching and spiritual direction. In choosing the counseling services offered by this organization, you accept that Christian methods and techniques could be utilized during the counseling process, including but not limited to prayer, Bible reading and study, Christian bibliotherapy, and discussion of your personal beliefs and relationship with God.

Christian counseling is a partnership venture between God, the counselor and you. The number of visits will be determined through ongoing discussion and evaluation, based on the goals you desire to achieve. It is our goal that through working together, with God's leadership, you will find healing and hope and strength, and a deeper, more intimate relationship with Jesus Christ.

There is always the possibility that counseling will not benefit you, or that you may wish to terminate therapy. You may do so at any time in this process. You are encouraged to ask questions and be integrally involved in the direction of your treatment. A counselor is a guide, and cannot force you or coerce you against your will. You may refuse any form of treatment, intervention or technique with which you are uncomfortable for any reason. We will discuss our interventions with you in detail as we begin the counseling process.

Our service is confidential. No information disclosed during a session will be made available to anyone else, except under the following legally or ethically mandated conditions:

1. We are involved in professional dialogue, in order to insure the highest quality of care for our clients. Some information about your case may be discussed to receive suggestions or feedback, but no identifying information will be given. The information shared will be limited to that which may benefit your continued care.
2. In the case you reveal that you intend to harm yourself or others, we are required by law to take steps to protect you or the third party involved.
3. If you are using insurance to pay for sessions, they will require information about your treatment as well as a diagnosis.
4. If we are subpoenaed by a court of law we may be required to disclose information about your case.
5. If you present written authorization for us to release information to a third party, such disclosure will be made.
6. In the case of child abuse, disabled abuse, or elder abuse, we are required by law to report this information.



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7. If you are involved in any activity that may harm another individual, we have a duty to warn that individual of the potential danger. You need to be aware that not all insurance policies will pay for Christian counseling services. You will be responsible for communication with your

insurance company, including determining with your insurance company if our services are covered under your policy and the submission of forms for reimbursement. We do request that you notify us at least 24 hours in advance if you cannot keep your appointment, so that we may make that time available for other clients. Otherwise, you will be charged your normal fee.

We do not offer on-call or emergency contact services. You may contact each therapist individually as needed. Please note that email and phone messages may not be confidential. After hours, if you have an emergency, please call 911.

Signature

Date