



Application to Join Kate's Club

Return your completed application to:
Kate's Club
Attn: Enrollment
1330 West Peachtree Street, NW
Suite 520
Atlanta, GA 30309
OR
Fax to 404-347-7621

Kate's Club Mission: To empower children and teens facing life after the death of a parent or sibling.

Kate's Club Vision: A world where it is okay to grieve.

Our Unique Approach:

The Kate's Club approach is based on four cornerstones, all of which support our purpose of providing grieving children and their families with an environment where they can re-engage in life and turn a potentially debilitating loss into a growth opportunity:

Fun: Children love to have fun, to play and laugh. We provide programs and our Clubhouse community where kids can enjoy their childhood during their grief journey.

Community: Death and grief are not openly discussed in American society. Providing children with a peer group of children and adults that share a similar experience rebuilds a fundamental social foundation currently not being provided in many communities, including Atlanta. At Kate's Club, we create a community where our kids can feel safe to be kids and to share their stories of loss and create memories of life.

Safety: People don't share unless they feel safe. Kate's Club is focused on creating a healing environment where participants find comfort in sharing when they are ready.

Long-term: Children who lose a loved one are at greater risk for development of behavioral issues two years following the loss than they were immediately or one year after the loss. Recognizing that grief is a long-term issue and not an event, Kate's Club provides long-term support to children as they continue to face the challenges of life after a loved one has died.

We look forward to having your family become a part of Kate's Club! Please be sure that you complete one application **for each child** wishing to participate in Kate's Club. This enables us to serve your children as individuals and specifically target the programs and activities that will best suit their unique needs. Please fill out the application completely and thoroughly, and verify that you have signed and dated all appropriate releases prior to submitting your application packet. Applications will not be reviewed until they are complete.

Kate's Club is responsible for maintaining the confidentiality of your application and all family information. Information contained in your file will not be released without your prior written consent.

Be sure to sign the following documents:

- Application verification**
- Photograph and Video Image Release**
- Emergency Medical Treatment Release**
- Outings/Activities Release**

If you have any questions, please feel free to contact us 404-347-7619.



Kate's Club Membership Application

Please complete and submit a separate form for each child wishing to join.

Child Information

Full Name: _____ Nickname: _____
 Birth date: _____ Age: _____ Gender: Male Female
 School: _____ Grade Level: _____
 Home Address: _____ Apt. _____
 County: _____ City: _____ State: _____ Zip Code: _____
 Phone Number: (____) _____ Email: _____
 Ethnicity: White Black Hispanic Asian/Pacific Islander Other (_____)
 Child's T-Shirt Size: Adult Small Adult Medium Adult Large Adult XL

Medical Information

Physician Name: _____
 Physician Address: _____
 Phone: (____) _____ Preferred Hospital: _____
 Medical Insurance Company: _____ Policy Number: _____
 Group Number: _____ Insurance Phone #: (____) _____
 Health problems, allergies, medications, etc.: _____

Parent/Guardian Information

First Name: _____ M.I.: _____ Last Name: _____
 Address: _____
 Apt. _____ City: _____ State: _____ Zip Code: _____
 Main Phone: (____) _____ Alternate Phone: (____) _____
 Email: _____
 Occupation: _____ Place of Employment: _____
 Relationship to child: _____ Gender: Male Female
 Marital Status: Single Married Separated Widowed Divorced
 Ethnicity: White Black Hispanic Asian/Pacific Islander Other (_____)

Current Living Situation:

Individuals living in child's home:

Name	Age	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Information (Emergency contact must be someone other than parent/guardian)

Name: _____ Relationship to child: _____

Address: _____

Main Phone: (____) _____ Alternate Phone: (____) _____

Information about the death your child experienced

Please include as much information as you are comfortable providing. This helps us identify the needs and services that best fit your child's unique loss. Please attach an additional page if needed.

Full name of person who died: _____

Relationship to child: _____

Cause of death: Accident Illness Suicide Homicide Sudden

Additional information about the death: _____

Date of death: _____ Age of individual at death: _____

Did the child witness death? YES NO

Was this person a primary caregiver to the child? YES NO

Did the child live with the person who died? YES NO

Please describe the child's relationship with the person who died.

Extremely Close Close Strained Distant No contact at all

Additional Information

Please help us learn more about your child. Feel free to include as much information as you would like. Please attach an additional page if needed.

My child has experienced the following behaviors since the death:

- | | | |
|---|---|--|
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Clinging behaviors | <input type="checkbox"/> Changes in sleep |
| <input type="checkbox"/> Regression | <input type="checkbox"/> Aggression | <input type="checkbox"/> Changes in eating |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Screaming | <input type="checkbox"/> School Avoidance |
| <input type="checkbox"/> Fantasizing about own death | <input type="checkbox"/> Suicidal Ideation | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Drop in grades | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Trouble concentrating | <input type="checkbox"/> Isolation/Withdrawal | <input type="checkbox"/> Alcohol use |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Acting Out | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Somaticizing (Expressing feelings of anxiety through physical symptoms, stomachaches, headaches) | | |

My child has experienced other losses **SINCE** the death:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Moving | <input type="checkbox"/> Divorce | <input type="checkbox"/> Separation |
| <input type="checkbox"/> Pregnancy/Birth | <input type="checkbox"/> Remarriage | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Loss of friend(s) | <input type="checkbox"/> Physical disability | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> New siblings | <input type="checkbox"/> School change | <input type="checkbox"/> Abuse |
| <input type="checkbox"/> Involvement in Justice System | | |
| <input type="checkbox"/> Other _____ | | |

Please list any losses occurring **PRIOR** to the death:

Has your child and/or family received any counseling? YES NO If so, please share agency and/or clinician: _____

The behaviors that I am most concerned about with my child since the death are: _____

The challenges I am having with my child since the death have been around:

- | | | |
|---|--|---|
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Re-engaging into life | <input type="checkbox"/> Isolation/Withdrawal |
| <input type="checkbox"/> Talking Back | <input type="checkbox"/> Dating | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Chores | <input type="checkbox"/> Structure | <input type="checkbox"/> Homework |
| <input type="checkbox"/> Acting Out | <input type="checkbox"/> School | <input type="checkbox"/> Spirituality |
| <input type="checkbox"/> Involvement with peers | <input type="checkbox"/> Other _____ | |

Needs and Expectations

How did you hear about Kate's Club? Word of Mouth Website Radio

School (Name: _____) Newspaper Flyer

Other _____

What are your expectations of Kate's Club? Education Grief support group

Parenting help Social interaction Validation Expression of feelings

Peer support Other _____

I hereby certify that all of the answers given by me on this application are true to the best of my knowledge. I have read, understand, and agree to the enrollment and application guidelines. I have read and agree to the ongoing membership guidelines. I understand that my family will be contacted upon review of this completed application to discuss membership availability. I agree to follow the guidelines and regulations that govern Kate's Club.

Signature _____

Date _____

Name (Print) _____

In the event that space is not currently available, I authorize my child to be put on the waiting list to join Kate's Club. I understand that families are accepted on a first come – first serve basis, and that new families will be invited to join as availability permits.

Signature _____

Date _____

Name (Print) _____

Artwork, Photographs and Video Images

I authorize Kate’s Club and/or assignees or licensees to use art, photographs and/or video images of my child for reproduction for promotional or illustrative purposes. I understand that the above activities will not result in any profit, and that I will not receive any monetary compensation. Permission is granted to make changes or alterations and to use my child’s name or a fictitious name in editorial works or advertising.

Signature _____ Date _____

Name (Print) _____

Emergency Medical Treatment Release

I agree to have my child receive any emergency medical services deemed necessary by the authorities in charge. It is understood that the resulting expenses will be my responsibility as the child’s parent/guardian. I further agree to release, discharge and indemnify Kate’s Club, its Officers, Board of Directors, Employees and Agents from any and all liability, damages, claims or causes of action, arising out of or in any way connected to the administration of emergency medical services.

Signature _____ Date _____

Name (Print) _____

I **do not** want my child to receive any emergency medical services deemed necessary by the authorities in charge. I agree to release, discharge and indemnify Kate’s Club, its Officers, Board of Directors, Employees and Agents from any and all liability, damages, claims or causes of action, arising out of or in any way connected to my refusal to allow my child to receive emergency medical services.

Signature _____ Date _____

Name (Print) _____

Kate’s Club Outings/Activities Release

I agree to release and forever discharge Kate’s Club, its Officers, Board of Directors, Employees and Agents, and all vessels and facilities owned and/or operated by Kate’s Club (hereinafter “Released Parties”) from any and all liability, damages, claims or causes of action, arising out of or in any way connected with the minor’s participation in Kate’s Club outings and activities.

I further agree to indemnify the Released Parties and hold them harmless from any liability, damages, claims, or causes of action made or brought by the said minor or by anyone on behalf of the minor as a result of or in any way connected with the minor’s participation in Kate’s Club outings and activities. The undersigned acknowledges that the outings and activities addressed by this release are completely VOLUNTARY.

Signature _____ Date _____

Name (Print) _____

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