Application to Join Kate’s Club

Return your completed application to:
Kate’s Club
Attn: Enrollment
1190 W Druid Hills Drive Suite T-80
Atlanta, GA 30329
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 in which 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, play, and laugh. We provide programs within 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. 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 Support: Children who lose a loved one are at greater risk for development of behavioral issues one to two years following the death than they were immediately after the death. 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. 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. You will be contacted by email within a week of receipt of application. You will then be scheduled for a phone interview and family orientation. If you are not contacted within a week, please call the office at 404-347-7619 to ensure we received your application. If you are not email accessible, please indicate to call.

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

Be sure to sign the following:

☐ 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 at 404-347-7619.
Kate’s Club Membership Application

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

Location
Kate’s Club now offers a half-day program in Gainesville, GA once a month, along with our programs at our main location in Atlanta. Which location will you attend?

☐ Atlanta
☐ Gainesville

Child Information
Full Name: ____________________________________________ Nickname: __________________
Birth date: ________________ Current Age: _______ Gender: ☐ Male ☐ Female
School: ____________________________________________ Grade Level: __________________
Home Address: ______________________________________ Apt. _________________________
County: _______ City: ___________________________ State: _____ Zip Code: __________
Phone Number: ___________________________ Email: ________________________________

Parent/Guardian Information
First Name: __________________ M.I.: _____ Last Name: __________________
Relationship to child: ____________________________ Gender: ☐ Male ☐ Female
Address: __________________________________________ Apt. _________________________
City: ___________________________ State: _____ Zip Code: __________
Main Phone: (___)_______________ Alternate Phone: (___)_______________
Email: ___________________________ ________________________________

Email is our preferred method of communication with you; please provide a current email address and keep us updated if it changes. If not email accessible, please indicate to call only.

Occupation: ___________________________ Place of Employment: __________________

Current Living Situation
Individuals living in child’s home:

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<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to child</th>
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APP. RECEIVED: _________
CONTACTED: _________
FO SCHEDULED: _________

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Information about the Person Who Died

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: _________________________________________________________________

Guardian’s relationship to deceased: ___________________________________________________

Date of death: ___________________ Age at death (of person who died): __________

Cause of death:

☐ Accident ☐ Chronic Illness ☐ Sudden
☐ Accidental Overdose ☐ Homicide ☐ Suicide
☐ Automobile Accident ☐ Long-term Substance Abuse ☐ Cause Unknown
☐ Cancer ☐ Medical Crisis ☐ Other _______________

Did the child witness the 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 about the death:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
**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 shown the following behaviors since the death:

- [ ] Acting out
- [ ] Aggression
- [ ] Anxiety
- [ ] Bullying behaviors
- [ ] Changes in eating
- [ ] Changes in sleeping
- [ ] Crying
- [ ] Depression
- [ ] Drop in grades
- [ ] Fantasizing about own death
- [ ] Isolation/withdrawal
- [ ] Nightmares
- [ ] PTSD
- [ ] Regression
- [ ] School avoidance
- [ ] Somaticizing (physical complaints unexplained medically)
- [ ] Substance abuse
- [ ] Talk of suicide
- [ ] Trouble concentrating
- [ ] Victim of bullying
- [ ] Other _______________

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

________________________________________________________________________________

My child has experienced the following events since the death:

- [ ] Abuse
- [ ] Divorce
- [ ] Foster Care
- [ ] Involvement in Justice System
- [ ] Loss of friend(s)
- [ ] Moving
- [ ] New siblings
- [ ] Physical disability
- [ ] Remarriage
- [ ] School change
- [ ] Separation
- [ ] Other _______________

Please list any losses your child experienced prior to the death:

________________________________________________________________________________

Please list any additional losses your child experienced since the death:

________________________________________________________________________________

Has your child and/or family received counseling?  [ ] YES  [ ] NO

Please tell us if your child has health problems, behavior problems, ADHD, Autism, developmental delays, special needs, allergies, medications (if any):

________________________________________________________________________________

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

Name: ___________________________________   Relationship to child: ___________________
Address: ____________________________________________________________________________
Main Phone: (___)__________________    Alternate Phone: (___)_________________________

Expectations

What are your expectations of Kate’s Club for the child/teen joining?

☐ Meeting other kids who are grieving
☐ Opening up to discussing loss and grief
☐ Learning ways to cope with grief
☐ Expressing feelings
☐ Other _______________________________

What are your expectations of Kate’s Club for yourself and your family?

☐ Meeting other families of grieving children
☐ Learning ways to share feelings as a family
☐ Learning how to support the grieving child in your care
☐ Other _______________________________

Record Keeping and Grant Reporting *(This information will be kept confidential and will only be reported anonymously.)*

How did you hear about Kate’s Club?
*Please be specific. Include the name of the person and/or the school, agency, organization or publication that referred you:*

___________________________________________________________________________________

Child’s Ethnicity *(please check all that apply):*

☐ Asian/Pacific Island  ☐ Black/African American  ☐ Latino/Hispanic
☐ Native American    ☐ White/Caucasian  ☐ Other

Current Family Income Information:

☐ $23,000 and under  ☐ $24,000-$35,000  ☐ $36,000-$85,000
☐ $86,000-$150,000  ☐ over $150,000

Is your child eligible for free or reduced lunch at school?  ☐ Yes  ☐ No
Application Verification Signature

I hereby certify that all of the answers given by me on this application are true to the best of my knowledge. I understand that my family will be contacted upon review of this completed application to complete the membership process.

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, illustrative, or educational 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. I understand that Kate’s Club takes photographs of the members and families during programs and may share the images in program communications. I give permission and understand that my child and family may be photographed and/or videotaped at Kate’s Club programs and events.

Signature _______________________________   Date __________________
Name (Print) ______________________________

Emergency Medical Treatment Release (please check one and sign below)

☐ I agree to have my child receive any emergency medical services deemed necessary by the authorities in charge. I understand 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.

OR

☐ I do not agree to have my child 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.

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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