



Application to Join Kate's Club

Return completed application to the following address: Kate's Club

Attn: Enrollment

1190 W Druid Hills Dr. NE

Suite T-80

Atlanta, GA 30329

OR Fax at 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

APP. RECEIVED:	_____
CONTACTED:	_____
FO SCHEDULED:	_____

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

Location

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

- Atlanta
- Newnan

Child Information

Full Name: _____ Nickname: _____

Birthdate: _____ Current Age: _____ Gender: Male Female Non-Binary Other

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 Non-Binary Other

Home Address: _____ Apt: _____

County: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ 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:

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

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:

- | | | |
|--|--|--|
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Related to genetic disorder/disease |
| <input type="checkbox"/> Accident | <input type="checkbox"/> Homicide | <input type="checkbox"/> SIDS |
| <input type="checkbox"/> Accidental Overdose | <input type="checkbox"/> Long-term Substance Abuse | <input type="checkbox"/> Stillbirth |
| <input type="checkbox"/> Automobile Accident | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Stroke | <input type="checkbox"/> Cause Unknown |
| <input type="checkbox"/> COVID-19/COVID-19-related | <input type="checkbox"/> Sudden | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diabetes-related | <input type="checkbox"/> Surgery Complications | |
| <input type="checkbox"/> Heart Disease | | |

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 (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Acting Out | <input type="checkbox"/> Crying | <input type="checkbox"/> School Avoidance |
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Depression | <input type="checkbox"/> Somaticizing(physically complaints unexplained medically) |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Drop in Grades | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Fantasizing about own death | <input type="checkbox"/> Talk of Suicide |
| <input type="checkbox"/> Bullying behaviors | <input type="checkbox"/> Isolation/withdrawal | <input type="checkbox"/> Trouble concentrating |
| <input type="checkbox"/> Changes in eating | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Victim of bullying |
| <input type="checkbox"/> Changes in Sleeping | <input type="checkbox"/> PTSD | |
| <input type="checkbox"/> Clinging Behaviors | <input type="checkbox"/> Regression | |

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 (check all that apply):

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

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** received individual counseling? YES NO

Have **YOU** received individual counseling? YES NO

Has your **FAMILY** received family counseling? YES NO

Notes on counseling (i.e. location, frequency):

Does your child have Autism, ADHD, dyslexia, or any other neurodiverse and neurodivergent diagnoses? YES NO

Please list ALL diagnoses your child has:

Please tell us if your child has health problems, 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.)

Child's Ethnicity (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Hispanic or Latinx | <input type="checkbox"/> Not listed |
| <input type="checkbox"/> Native American or Alaskan Native | <input type="checkbox"/> Prefer not to disclose |

Current Family Income Information:

This information is used to apply for grants that fund Kate’s Club free support services and programs.

- Below \$26,500
- \$26,501-\$35,000
- \$35,001-\$50,000
- \$50,001-\$75,000
- \$75,001-\$150,000
- Over \$150,000

Is your child eligible for free or reduced lunch at school? Yes No

How did you hear about Kate’s Club?

- Kate's Club Family
- Kate's Club Volunteer or Board Member
- Kate's Club Staff
- Kate's Club School Support Group
- Counselor/Therapist
- Friend/Family Member/Co-worker
- Media (Social Media, TV, Radio, or Newspaper)
- Hospice
- Hospital
- Advertisement (Good Grief App)
- Internet Search
- Non-grief related Organization (e.g. Big Brothers Big Sisters, Boys and Girls Club)
- Other Grief Organization (e.g. Camp Erin, National Alliance for Children's Grief)
- Pediatrician/Primary Care Physician
- Place of Worship
- School (Counselor, Social Worker, Teacher or Administration)

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 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.

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) _____

COVID-19 Waiver

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that myself and/or my child(ren) may be exposed to or infected by COVID-19 by attending in-person events with Kate’s Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Kate’s Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to Kate’s Club, their employees, volunteers, and other participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or my child(ren) (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my attendance or my child(ren)’s attendance at in-person events with Kate’s Club. On my behalf and/or on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Kate’s Club, its employees, directors, volunteers, agents, and representatives of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Kate’s Club, its employees, directors, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any in-person appointments with Kate’s Club.

Signature _____ Date _____

Name (print) _____

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GA 30329
OR Fax at 404-347-7621