



## Interest Form to Join Kate's Club

Return completed interest form 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  
OR scan and email to [info@katesclub.org](mailto:info@katesclub.org)

**Kate's Club Mission:** To empower children and teens, their families, and young adults facing life after the death of a parent, sibling, or someone important to them.

**Kate's Club Vision:** A world in which it's okay to grieve.

### **Our Unique Approach:**

The Kate's Club approach is based on five pillars, 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 and can be their true selves.

**Growth:** Through loss, we can grow as individuals and as a community. Kate's club provides opportunities for learning and discovering after a loss.

**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 someone important to them has died.

We look forward to having your family become a part of Kate's Club! Please be sure that you complete this interest form and add all children ages 5-18 using the additional child information pages to participate in Kate's Club. All questions are required. Please fill out the application completely and thoroughly, and verify that you have signed and dated the interest form verification prior to submitting your interest form. You will be contacted by email within a week of receipt of interest form. You will then be scheduled for a phone interview, bereavement needs assessment (only for children ages 8 & up), and family orientation. If you are not contacted within a week, please call the office at 404-347-7619 to ensure we received your interest form. If you are not email accessible, please indicate to call.

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

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



**Kate's Club Interest Form**

FORM RECEIVED: \_\_\_\_\_  
CONTACTED: \_\_\_\_\_

**Clubhouse Location:**

- Albany
- Atlanta
- Brunswick
- Newnan

**Child Information:**

*(Note: If you have more than one child interested in joining Kate's Club, please complete page 4 of this form.)*

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_ Gender:  Male  Female  Non-Binary  Other  Prefer not to disclose

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

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

Deceased relationship to child: \_\_\_\_\_

Child's age when person died: \_\_\_\_\_

Was this person a primary caregiver to the child?  Yes  No

Did the child live with the person who died?  Yes  No

**Parent/Guardian Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Your relationship to Child: \_\_\_\_\_ Gender:  Male  Female  Non-Binary  Other  Prefer not to disclose

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

Parent/Guardian Ethnicity (please check all that apply):

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

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

**Current Family Income Information:**

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Below \$26,500    | <input type="checkbox"/> \$35,001-\$50,000 | <input type="checkbox"/> \$75,001-\$150,000 |
| <input type="checkbox"/> \$26,501-\$35,000 | <input type="checkbox"/> \$50,001-\$75,000 | <input type="checkbox"/> Over \$150,000     |

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

**Information about the Person Who Died**

Full name of person who died: \_\_\_\_\_

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

**How did you hear about Kate’s Club? Check all that apply.**

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

**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) \_\_\_\_\_

**If you have more than one child you want to enroll, please complete and submit the following sections for each child.**

**Child(ren) Information:**

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_ Gender:  Male  Female  Non-Binary  Other  Prefer not to disclose

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

- |  |  |   |
|--|--|---|
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| <input type="checkbox"/> Hispanic or Latinx        |  | <input type="checkbox"/> Prefer not to disclose |

Deceased relationship to child: \_\_\_\_\_

Child's age when person died: \_\_\_\_\_

Was this person a primary caregiver to the child?  Yes  No

Did the child live with the person who died?  Yes  No

**Child(ren) Information:**

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_ Gender:  Male  Female  Non-Binary  Other  Prefer not to disclose

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

- |  |  |   |
|--|--|---|
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| <input type="checkbox"/> Hispanic or Latinx        |  | <input type="checkbox"/> Prefer not to disclose |

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Child's age when person died: \_\_\_\_\_

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Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_ Gender:  Male  Female  Non-Binary  Other  Prefer not to disclose

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

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

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Child's age when person died: \_\_\_\_\_

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Did the child live with the person who died?  Yes  No