

Dear Parent

The Rainbows Program will be commencing at our school soon, running in both Term 2 and Term 3. We are seeking to provide a helpful supportive group called Rainbows, which is designed especially for children who may be experiencing difficult life changes for example - living in single parent families, step-families or families that are going through painful transitions. It is primarily a grief and loss Program.

When something significant happens in a family, the whole family is affected. Even though death or divorce appears to be a grown up problem, it does have a profound effect on the children it touches. If a parent dies, or separation or divorce occurs, not only do adults grieve, but the children grieve also. Because of their age, and short life experiences, children find it extremely difficult to verbalise their feelings.

Rainbows also teaches strategies to help children who are experiencing difficulty due to moving to a new school or losing a pet, defence deployment or FIFO families, even those who struggle at times with friendships and/or bullying. **It helps with resilience and social/emotional skills.**

Rainbows sessions will be conducted in small groups of no more than 6 students with a trained adult facilitator, for a period of around 6 to 8 weeks. These sessions are cost free to the participants.

Your child has been nominated to participate in this program and if you feel your child would benefit from inclusion, please complete the form on the following page and return it to the school, in an envelope marked Confidential Rainbows, as soon as possible. Children may only participate with Parent consent.

If you have any further questions or concerns, please don't hesitate to contact me at school on 9583 8800.

Kind regards

Deb

Deb Cunningham
YouthCARE School Chaplain
Golden Bay Primay School

March 2017

Please return this section to school as soon as possible. Thank you.

Rainbows Program

Name: _____ Year: _____ Room Number: _____

Parent Contact Phone Number: _____

Signature – Child: _____

Signature – Parent/Carer: _____

Please tick: My parent has died My parent is separated/divorced

Or.. My circumstance is _____
