Rainbows

We are excited that you are considering Rainbows for your child! This group will provide your child with the opportunity to share his or her feelings in a group setting, among his or her peers. Through this support group, we hope to assist your child in expressing his or her own feelings, to feel acceptance about what has happened, and to feel a sense of belonging.

- **Who will lead the sessions?**
  Mrs. Becky Mahr (Kindergarten teacher) and Mrs. Christa Hogan (Junior Kindergarten teacher) are the group facilitators. We are certified to teach Rainbows but we are not certified therapists.
  Who will be in the group?
  Children in grades kindergarten-8th.
- **When do the groups meet?**
  Meetings will be held for approximately 30 minutes on the dates listed below.
- **What goes on in group sessions?** Rainbows Group provides a safe environment for children. Members are asked to agree to confidentiality about what others say in the group. Crafts, journals, games, and other materials are used. The students enjoy a snack and participate in the activity and discussion. They can share and participate as much or as little as they'd like.

Below is a list of the Rainbows meetings for the year. Rainbows will be held in Room 100 from 3:10 (or after dismissal) until 3:45 on the Thursdays listed below. Children should wait OUTSIDE of the classroom until a teacher arrives. If your child should go directly to aftercare, please send us an email. Please return the permission slip to the school office BEFORE the first meeting on November 6th.

November: 18th
December: 2nd, 16th
January: 13th, 27th
February 3rd, 17th
March 3rd, 17th, 31st
April 7th, 28th
and May 5th (Celebrate Me, final meeting)

Thank you, Mrs. Mahr and Mrs. Hogan

My child, _____, has permission to be a part of RAINBOWS and
(Print Child's Name)

can attend meetings held on the THURSDAYS listed above from 3:10-3:45 in room 100 beginning November

18th. Reason(s) for attending Rainbows or any additional information that we should know:

_____

_____

_____   _____
(Parent/guardian signature)   (Date)