Guiding our youth through the storms of life
RAINBOWS
for all Children

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. Christa Hogan (Junior Kindergarten teacher) and Mrs.Cindy Kasnicka 1st grade teacher) are the group facilitators. We are certified to teach Rainbows but we are not certified therapists. Please reach out to your family doctor if your child needs more support.
- **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 TUESDAYS 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. If you will be picking them up, pick up is at Door #3. Please return the permission slip to your child's teacher, or the school office.

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November 14th, 28th,

December 12th

January 9th, 23rd

February 6th, 22nd

March 12th, 26th

April 9th, 23th (Celebrate Me, final meeting)

Thank you, Mrs. Hogan and Mrs. Kasnicka

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My child, _____, has permission to be a part of RAINBOWS and

can attend meetings held on the TUESDAYS listed above from 3:10-3:45 in room 100. Reason(s) for attending Rainbows or any additional information that we should know:

_____

_____

_____   _____
(Parent/guardian signature)   *(Date)*