

# Saint Ursula School

November 2019

Dear Parents and Guardians,

Rainbows is a group for children led by trained, adult facilitators. The program is for children who are living in single-parent families, step-families, or families going through painful transitions such as death and deployment. Rainbows provides an opportunity for children to put feelings into words, work through their grief, and share with other children in a peer support group.

The Rainbows Program will begin the week of November 18, 2019. The students will attend weekly support groups at lunchtime. The program will run for six weeks in the fall and six weeks in the spring.

Please read and fill out the form on the other side of this letter. Both you and your child sign it. Return the form to school by November 13<sup>th</sup>. Space is limited. Please turn your form in as soon as possible.

Thank you for your interest and care. If you have any questions or would like more information on the program, please send us a note and we will contact you.

Sincerely,



Miss Nancy Culotta  
3<sup>rd</sup> Grade Teacher  
Rainbows Coordinator



Mr. Zach Colgan  
School Counselor  
Rainbows Facilitator

Do you know that your family is unique from anyone else's family? It is true because it is your own! Sometimes you may feel like you are alone and that no one understands you because your family is different.

Maybe you...

- Live in a home with one parent or a step-parent
- Have a parent who lives somewhere else
- Feel you have to keep your parent happy especially when they are sad or mad.
- Feel angry or sad.

Good news for you! There are many students in YOUR class who are going through similar situations just like you. There is a time for you to get together with other students your age and talk about what is happening in your life.

Fill out the form below if you would like to be part of this special group for students similar to you. Please return it to your teacher by November 13, 2019.



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Please complete and return the form to Miss Culotta (3B) or Mr. Colgan (Guidance)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Homeroom : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature (Child) : \_\_\_\_\_

Signature (Parent) : \_\_\_\_\_

Has your child participated in the Rainbows program before? \_\_\_\_\_