



Centre Road  
CAMILLO WA 6111

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ABN 55 627 223 130

Dear Parents

### **RAINBOWS PROGRAMME 2017**

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

Rainbows is a programme designed especially for children who are living in single parent families, or families who are going through painful transitions. The programme is conducted in small groups of children, meeting weekly for twelve weeks with the sessions being conducted during school hours.

If your child is part of a single parent family or step family, or struggling through a painful experience, this will be an opportunity for him/her to share what is happening in a safe and confidential atmosphere. If you feel the Rainbows Programme may be helpful for your child(ren), please complete the form below and place it in an envelope addressed to Mrs Fiona Shand and return it to school no later than Monday 20 February.

If you have any questions about the programme please don't hesitate to contact me.

Yours sincerely

**Mrs Donna Brown**  
**Primary Secretary**

For and on Behalf of  
**FIONA SHAND**  
**DEPUTY HEAD OF PRIMARY**

7 February 2017

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**Please see permission slip on page 2.**





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**RAINBOWS PROGRAMME**

I \_\_\_\_\_ give permission for my child/children to be a part of the Rainbows programme in 2017.

Child's name: \_\_\_\_\_ Class: \_\_\_\_\_

Child's name: \_\_\_\_\_ Class: \_\_\_\_\_

Child's name: \_\_\_\_\_ Class: \_\_\_\_\_

Reason for choosing Rainbows (please tick)

- Separation/Divorce                       Death

Please provide some detail for the group facilitator's information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian's Name**

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Contact Number**

\_\_\_\_\_  
**Date**

