



MOSMAN PARK SCHOOLS

Mosman Park Primary & School for Deaf Children



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Dear Parents

RAINBOWS PROGRAM

We are very pleased to inform you that the RAINBOWS Program runs every year at Mosman Park Primary School in Terms 2 & 3. RAINBOWS offers children from families who have experienced a major loss, *through the separation/divorce of parents or through the death of a family member, or a significant move away from family, friends and support, or other significant trauma*, the opportunity for students to meet on a weekly basis and be supported over a period of 12 weeks. The sessions are held during school hours beginning in week 2 of Term 2 for 6 weekly sessions, with a trained adult working with each group, and the final 6 weeks concluding in term 3 followed by a Celebration Day with parents.

It has been found that when something significant happens in a family, the entire family are affected. Not only do the parents grieve but the children do also. Due to their age and short life experience, children find it very difficult to verbalise their feelings and don't know how to let someone know what support they need.

If you would like your child to be included, please fill in the tear off slip and return it to the school by the end of Term 1. This offer will be made to children from Years PP to Yr 6. Depending on the responses, offers will be made to students according to year levels. Group minimum is 3 and maximum 5 students.

If you have any queries please phone Rhonda Miller, RAINBOWS coordinator/facilitator on the school phone number 6458 7700 or email: rhonda.miller@youthcare.org.au.

Rhonda Miller
Youthcare School Chaplain
Mosman Park PS
Chaplain's PH: 6458 7709



Cut along line

RAINBOWS PROGRAM

I/We would like my/our child _____ in year _____ to participate in the RAINBOWS Program commencing in Term 2. I understand that the RAINBOWS Program is strictly confidential and an offer of a placement will be dependent on the availability of an appropriate year group.

Please give brief details of why you would like your child in the RAINBOWS program.

Signed: _____ Date: _____

Parent/Guardian Name: _____ Contact # _____

Please return form ASAP in a sealed envelope to the class teacher or the reception desk, by end of Term 1, marked "Attention: Rhonda Miller, Rainbows".