



ANNOUNCING: RAINBOWS FOR ALL CHILDREN'S NEW SUPPORT GROUP

Open to all children ages 3 through high school
Thursdays, starting October 11
6:30-7:30 pm

First United Methodist Church
919 60th Street
Kenosha, WI 53140

What a Rainbows support group can do for your child/ren:

- Improve their school attendance, behavior and academic performance
- Help develop and strengthen their problem-solving and communication skills
 - Alleviate their depression and anxiety, emotional pain, and suffering
 - Reduce the likelihood of destructive behavior

Unlike traditional individual therapy, children are able to grieve, communicate, and heal among their peers. They no longer feel alone in their grief and gain confidence from group support.

About Rainbows

Headquartered in Evanston, Rainbows for All Children is an international, nonprofit organization that trains volunteers at community-based sites to lead structured, age-specific support groups for children 3-18 years old who are grieving the loss of a family member as a result of death, separation/divorce, incarceration, deployment, deportation, life-threatening illness, or any other traumatic, life-altering event.

For more information or to register,
contact Pastor Susan Patterson-Sumwalt at 262-658-3213 or susan@firstumckenosha.com



"As a parent of four children who attended Rainbows, I can speak with experience that the group helped explain to my children what divorce is, allowed an environment for them to bond with others in similar situations, and taught them empathy and understanding in a way I couldn't. Parents can have a difficult time providing help for their children due to their own grief. This is a way to give them the help they need." – Miguel, Father of Rainbows Participants

"When I first started Rainbows I was a young, scared little girl. I felt all alone in the world. I lacked any self-confidence and I felt all my life's obstacles were because of something I had done wrong. Rainbows helped give me courage and strength."

– Abigail, Rainbows Alumni



Rainbows for All Children
First United Methodist Church 919 60th Street Kenosha, WI 53140 www.firstumckenosha.org 262-658-3213

www.rainbows.org



Rainbows for All Children Parent/Guardian Confidentiality Agreement

Dear Parent/Guardian:

Of particular importance to Rainbows for All Children participants is the concept of confidentiality. Confidentiality is at the core of trust, and in turn, at the core of the participant-facilitator relationship.

Because groups are based upon this trusting relationship between the facilitator and participants, the group leader will keep the information shared by the group members confidential, except in certain circumstances in which there is an ethical obligation to limit confidentiality. In the following circumstances you will be notified:

1. If the child reveals information about harming himself/herself or others.
2. If the child reveals information about child abuse.

By signing this form, I understand the confidentiality of the group and agree to abide by that policy. I agree that I will not ask my child to share confidential information with me that was said privately in the group

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

If you have any questions, please call your site facilitator, Pastor Susan Patterson-Sumwalt, First United Methodist Church, 262-658-3213 between 10 A.M. and 3 P.M. Monday through Thursday. Please leave a message and we will return your call as soon as possible. Please return this form to your child's Rainbows group facilitator.

Sincerely,

Pastor Susan Patterson-Sumwalt
First United Methodist Church 919 60th St Kenosha, WI 53140 262-658-3213
www.firstumkenosha.com



Rainbows for All Children Parent/Guardian Consent Form

Dear Parent/Guardian:

Rainbows for All Children (Rainbows) is dedicated to being the premier source of support for all youth as they navigate grief and heal from loss, whether from death, divorce, deployment, or other trauma. Rainbows fosters awareness that youth require support to heal. We nurture a community of effective Rainbows-trained Facilitators, supported with a repository of resources designed to guide youth in their grieving process. Facilitators are certified to lead peer support group; this is not therapy or counseling. Your child may require additional professional help outside of attending Rainbows.

Your permission is requested for your child _____ to participate in group activities. Each session will be about **60** minutes long and will take place on **Thursday evenings from 6:30-7:30 pm**. The students will have an opportunity to learn new skills and gain peer support as they explore and navigate their grief and work through adjustment.

By signing this form, I give my consent for my child to participate in group activities.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

If you have any questions, please call your site facilitator, Pastor Susan Patterson-Sumwalt at 262-658-3213 or email at susan@firstumckenosha.com

Sincerely,
Susan Patterson-Sumwalt

First United Methodist Church 919 60th St. Kenosha, WI 53140 262-658-3213
www.firstumckenosha.com



Rainbows for All Children Registration Form

Parent Name: _____

Email: _____

Mobile Phone: (____) ____ - ____

Work Phone: (____) ____ - ____

Home Phone: (____) ____ - ____

Address: _____

City: _____ State: _____ Zip: _____

What loss/traumatic event(s) has your child experienced?

We ask this question in order to place your child in a group that fits him/her best.

- ☐ Death
- ☐ Separation/Divorce
- ☐ Deployment
- ☐ Incarceration
- ☐ Deportation
- ☐ Life-Threatening Illness
- ☐ Other: _____

When did this loss occur? _____

Child Name: _____ Age: _____ Grade: _____

Special Needs and/or Medication:

Emergency Contact: _____ Phone #: (____) ____ - ____

Parent Signature: _____ Date: _____

Rainbows for All Children Screening Form (Parent/Caregiver Report)

Of the statements in Section 1, how many apply to your child? Write the total number in the box.

Section 1: At any point since your child was born...

1. Your child's parents or guardians were separated or divorced.
2. Your child lived with a household member who served time in jail or prison.
3. Your child lived with a household member who was depressed, mentally ill or attempted suicide.
4. Your child saw or heard household members hurt or threaten to hurt each other.
5. A household member swore at, insulted, humiliated, or put down your child in a way that scared your child AND/OR a household member acted in a way that made your child afraid that s/he might be physically hurt.
6. Someone touched your child's private parts or asked your child to touch their private parts in a sexual way.
7. More than once, your child went without food, clothing, a place to live, or had no one to protect her/him.
8. Someone pushed, grabbed, slapped or threw something at your child AND/OR your child was hit so hard that your child was injured or had marks.
9. Your child lived with someone who had a problem with drinking or using drugs.
10. Your child often felt unsupported, unloved and/or unprotected.

Of the statements in section 2, how many apply to your child? Write the total number in the box.

Section 2: At any point since your child was born...

1. Your child was in foster care.
2. Your child experienced harassment or bullying at school.
3. Your child lived with a parent or guardian who died.
4. Your child was separated from her/his primary caregiver through deportation or immigration.
5. Your child had a serious medical procedure or life-threatening illness.
6. Your child often saw or heard violence in the neighborhood AND/OR in her/his school neighborhood.
7. Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion.

Adapted from <https://centerforyouthwellness.org/cyw-aceq/>