



Dear Parent/Carers,

We are intending to run 'sunshine circles' across the school based on Theraplay® principles. A sunshine circle is a group involving all children in enjoyable activities. The sessions are designed to build relationships, allowing children to grow socially, emotionally and often intellectually.

As part of sunshine circles children will participate in various nurturing activities, some of which will incorporate positive touch such as touching hands, legs or backs (through clothes). So, in sunshine circles, practitioners and children hold hands for songs and games, dab lotion (E45 cream) onto hands, knees and shins, and put a hand on a child's shoulder to give reassurance. Every activity helps to develop your child's self-esteem, sense of belonging, ability to trust and to care for themselves and others.

We are looking forward to introducing sunshine circles to our children. Each session will involve active and pleasant experiences, leading to an atmosphere of fun, caring, acceptance and encouragement.

All of our staff have been trained on the Theraplay® principles and each session will be led by the class teacher and teaching assistants.

If you have any questions, concerns or would like to know more about sunshine circles, please speak to Miss Thomas or Mrs Lowe.

Please fill in and return the consent form on the reverse as soon as possible if you are happy for your child to take part.

Yours,

Miss Paula Thomas

Sunshine Circles

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Corby Old Village Primary School, High Street, Corby, Northants, NN17 1UU

www.covp.org.uk

Name of child: _____ Class: _____

I give permissions for the following (please tick each box and sign below)

My child to participate in sunshine circle sessions

My child to have lotion applied to him/her (*this will be E45 cream. If this is not suitable for your child you may provide your own lotion*)

My child to be fed a snack to signify the end of the session (*please let us know of any allergies / dietary requirements*)

Signature : _____ (parent / carer)

Date: _____

