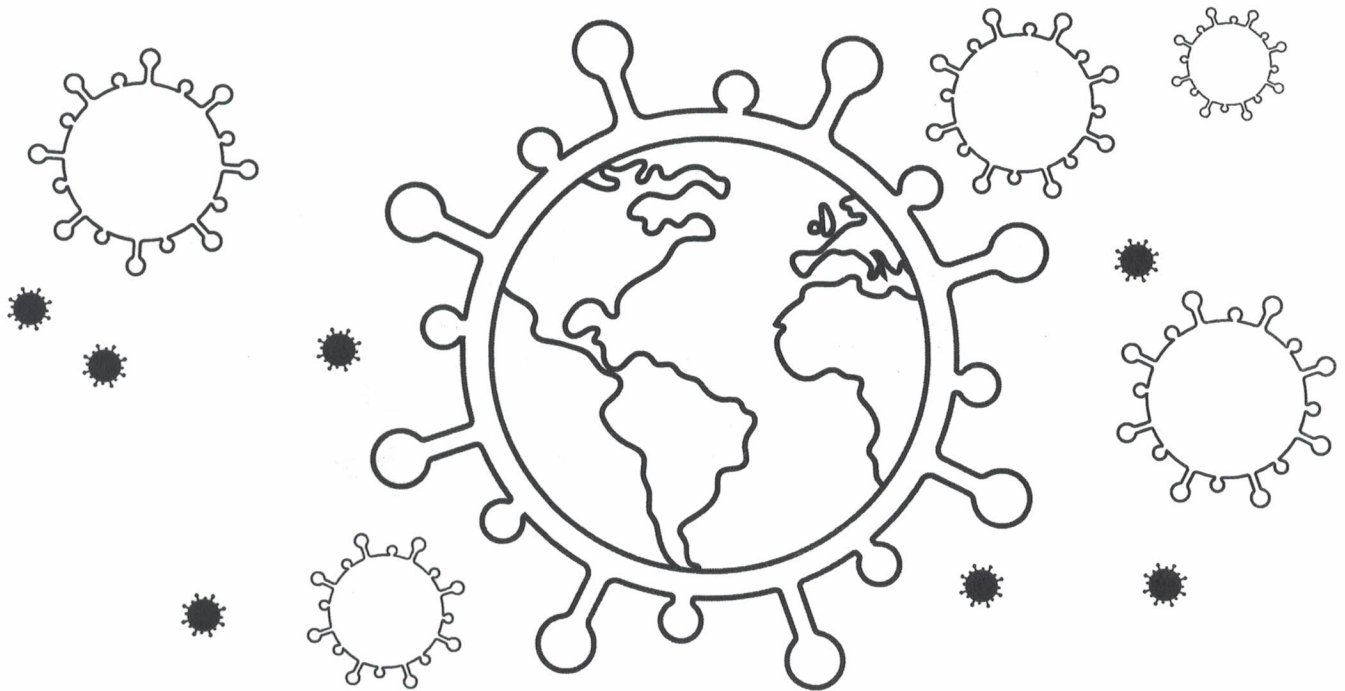


MY 2020 COVID-19 TIME CAPSULE

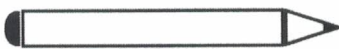


BY: _____

YOU ARE LIVING THROUGH HISTORY RIGHT NOW

TAKE A MOMENT TO FILL IN THESE PAGES FOR YOUR FUTURE SELF TO LOOK BACK ON. AND HERE ARE SOME OTHER IDEAS OF THINGS TO INCLUDE:

- | | |
|--|---|
| <input type="checkbox"/> SOME PHOTOS FROM THIS TIME | <input type="checkbox"/> ANY ART WORK YOU CREATED |
| <input type="checkbox"/> A JOURNAL OF YOUR DAYS | <input type="checkbox"/> FAMILY / PET PICTURES |
| <input type="checkbox"/> LOCAL NEWSPAPER PAGES OR CLIPPING | <input type="checkbox"/> SPECIAL MEMORIES |



DRAW A PICTURE OF THE PEOPLE YOU ARE SOCIAL DISTANCING WITH HERE

♥♥ ALL ABOUT ME ♥♥

I AM _____
YEARS
OLD

I STAND _____
INCHES
TALL

I WEIGH _____
POUNDS

SHOE SIZE _____

MY FAVOURITES

TOY: _____

COLOUR: _____

ANIMAL: _____

FOOD: _____

SHOW: _____

MOVIE: _____

BOOK: _____

ACTIVITY: _____

PLACE: _____

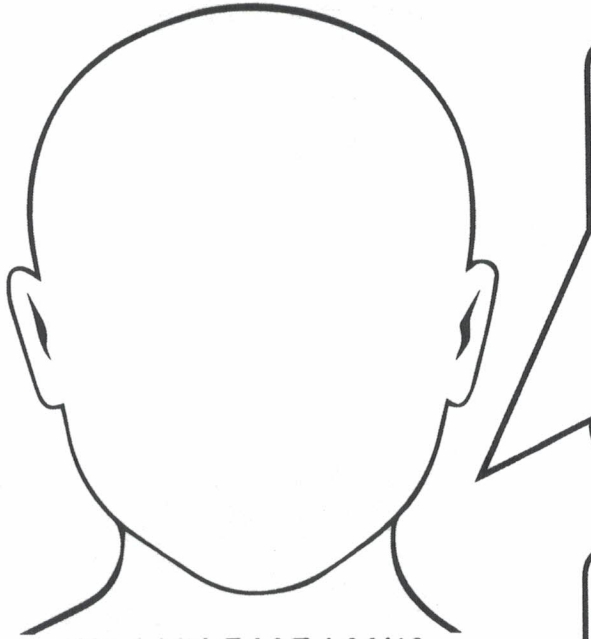
SONG: _____

MY BEST FRIEND/S:

WHEN I GROW UP I WANT TO BE:

DATE: _____

HOW I'M FEELING



HOW MY FACE LOOKS



I AM MOST THANKFUL FOR

WORDS TO DESCRIBE HOW I FEEL:

WHAT I HAVE LEARNT MOST
FROM THIS EXPERIENCE:

THE 3 THINGS I AM MOST EXCITED TO DO WHEN THIS IS OVER:

1

2

3

MY COMMUNITY



COLOUR THIS HOUSE
TO LOOK LIKE YOURS

WHERE I AM LIVING DURING THIS TIME:



WHAT THINGS ARE YOU DOING TO HELP FEEL CONNECTED/HAVE FUN
OUTSIDE (e.g hearts in windows, chalk notes on sidewalk, etc)

HOW ARE YOU CONNECTING WITH OTHERS?



YOU ARE NOT STUCK AT HOME,
YOU ARE SAFE AT HOME!



WHAT I AM DOING
TO KEEP BUSY:

OUR HANDPRINTS



PRINT THE HANDS OF ALL THE PEOPLE LIVING IN YOUR HOME
(IN DIFFERENT COLOURS) AND PLACE YOUR HANDS HERE



SPECIAL OCCASIONS

WHAT OCCASIONS DID YOU CELEBRATE DURING THIS TIME?
WRITE THE LIST DOWN HERE AND WHAT YOU DID TO CELEBRATE
(E.G. ST. PATRICK'S DAY, EASTER, BIRTHDAYS, ANNIVERSARIES)

EVENT	DATE	HOW YOU CELEBRATED

LETTER TO MYSELF

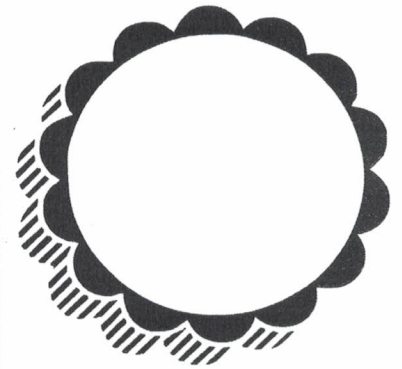
DEAR,

LOVE,

INTERVIEW YOUR PARENTS

WHAT HAS BEEN THE
BIGGEST CHANGE?

HOW ARE YOU FINDING
HOMESCHOOLING?



DAYS SPENT INSIDE

HOW ARE YOU FEELING?

YOUR TOP 3 MOMENTS FROM THIS EXPERIENCE:

1. _____
2. _____
3. _____

WHAT ACTIVITIES/HOBBIES HAVE
YOU MOST ENJOYED DOING?

WHAT ARE YOU MOST THANKFUL FOR?

WHAT TV SHOW YOU WATCHED : _____

YOUR NEW FOUND FAVOURITE INSIDE FAMILY ACTIVITY:

FAVOURITE FOOD TO BAKE: _____

FAVOURITE TIME OF DAY: _____

GOAL/S FOR
AFTER THIS:

LETTER FROM YOUR PARENTS

DEAR,

LOVE,