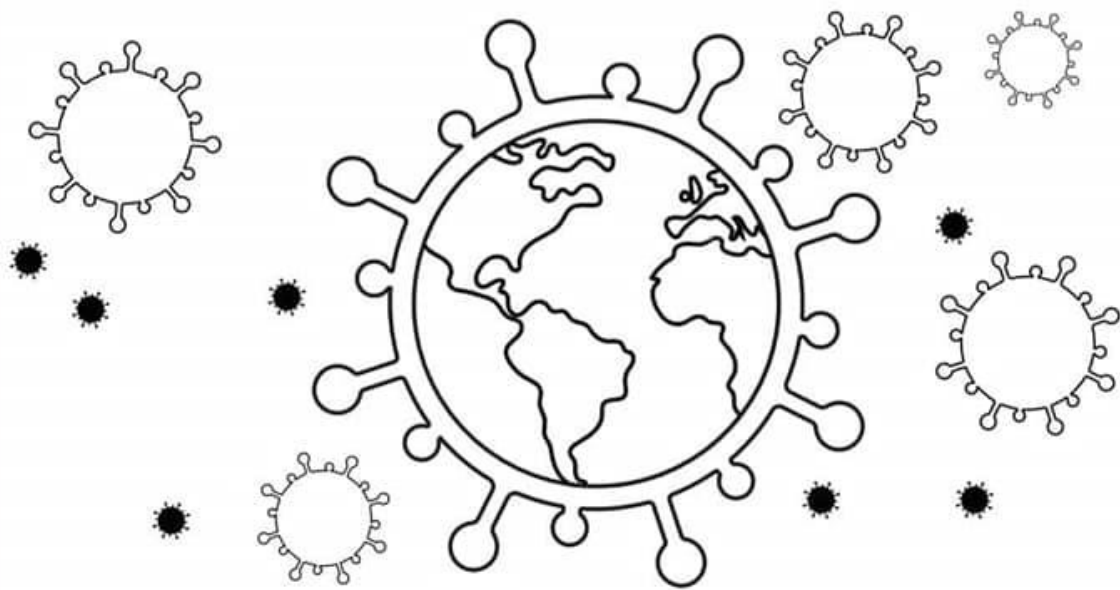


# MY 2020 COVID-19 TIME CAPSULE

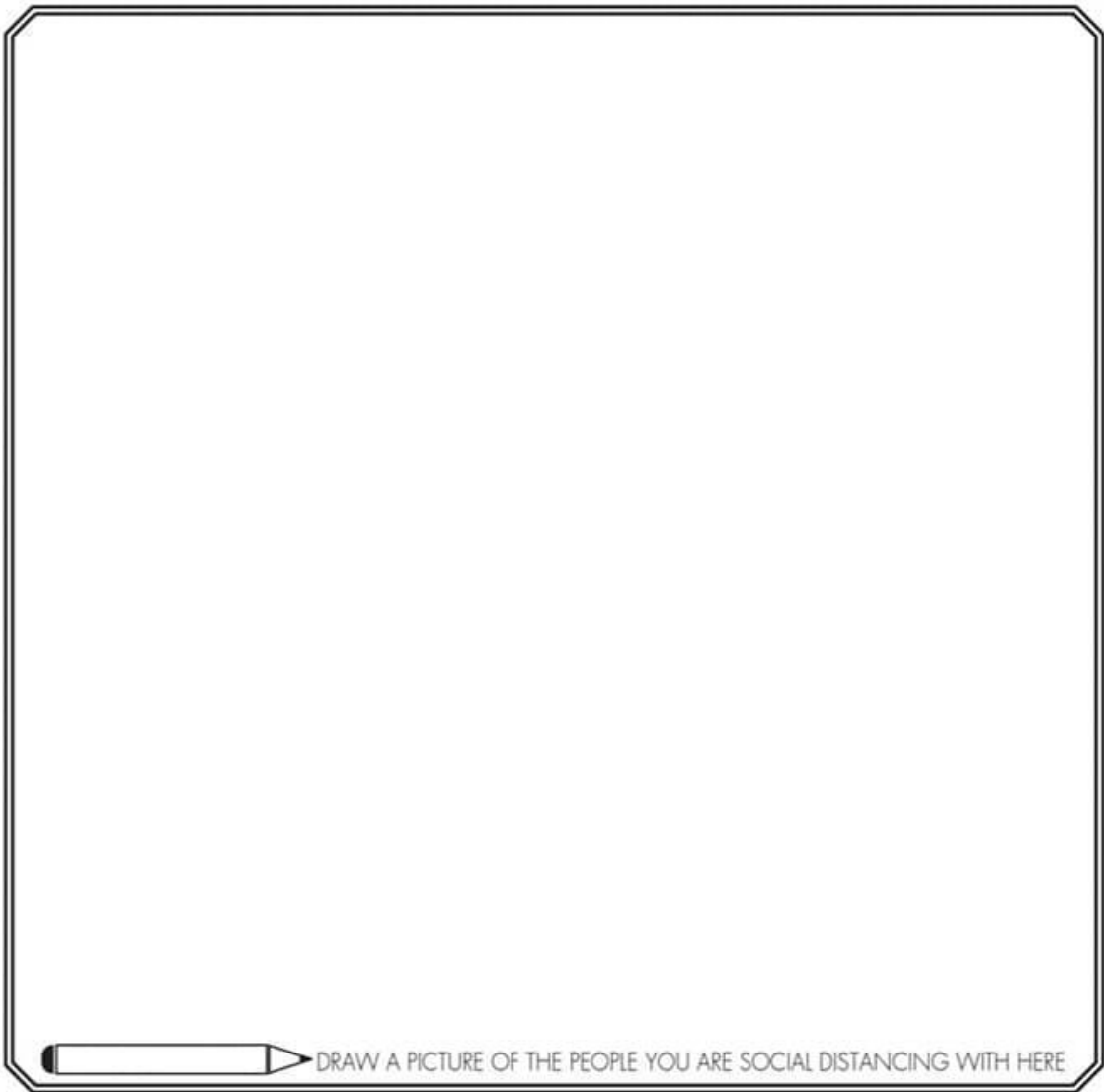


BY: \_\_\_\_\_

## 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         |



# ♡♡ 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

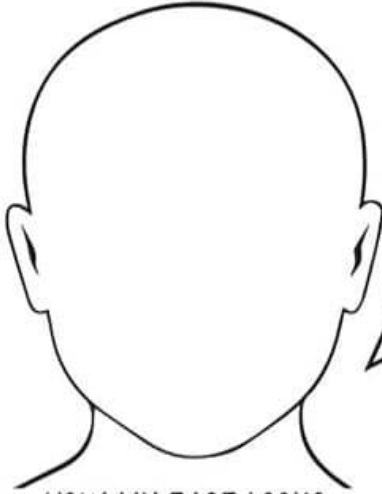
WHEN I GROW UP I WANT TO BE:

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

# HOW I'M FEELING



HOW MY FACE LOOKS



I AM MOST THANKFUL FOR

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WORDS TO DESCRIBE HOW I FEEL:

WHAT I HAVE LEARNT MOST FROM THIS EXPERIENCE:

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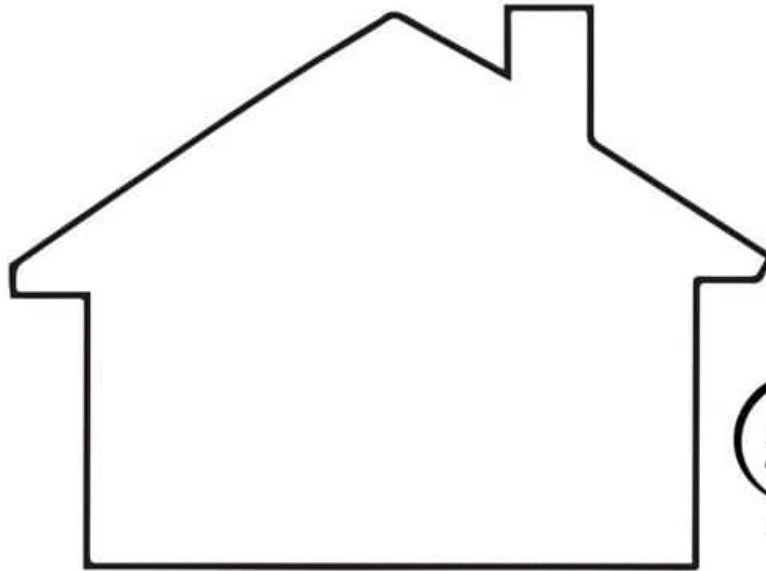
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THE 3 THINGS I AM MOST EXCITED TO DO WHEN THIS IS OVER:

<b>1</b> _____ _____ _____	<b>2</b> _____ _____ _____	<b>3</b> _____ _____ _____
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# 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)

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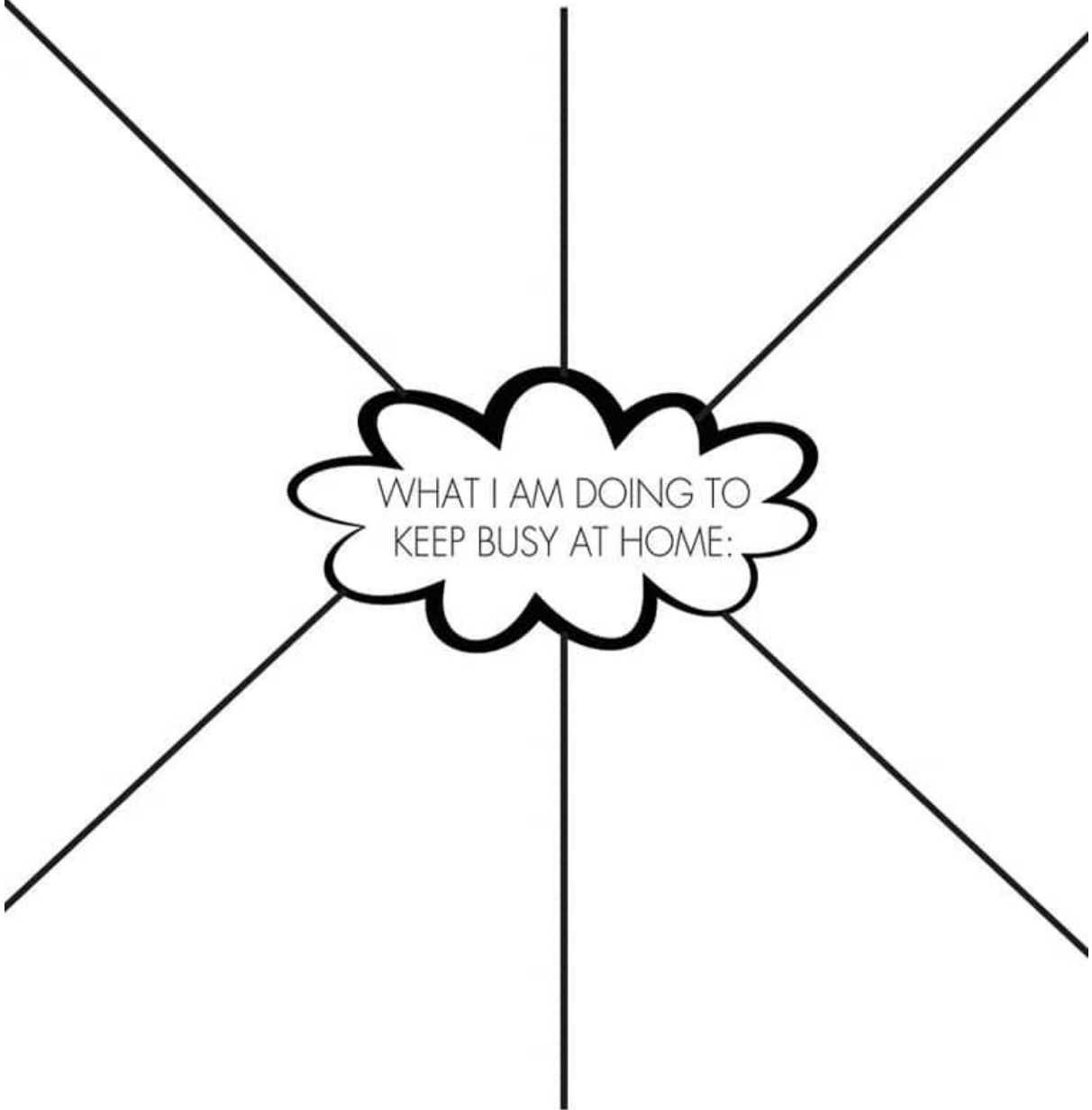
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HOW ARE YOU CONNECTING WITH OTHERS?



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



WHAT I AM DOING TO  
KEEP BUSY AT HOME:

# OUR HANDPRINTS



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







# 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: \_\_\_\_\_

FOVOURITE TIME OF DAY: \_\_\_\_\_

GOAL/S FOR AFTER THIS:



