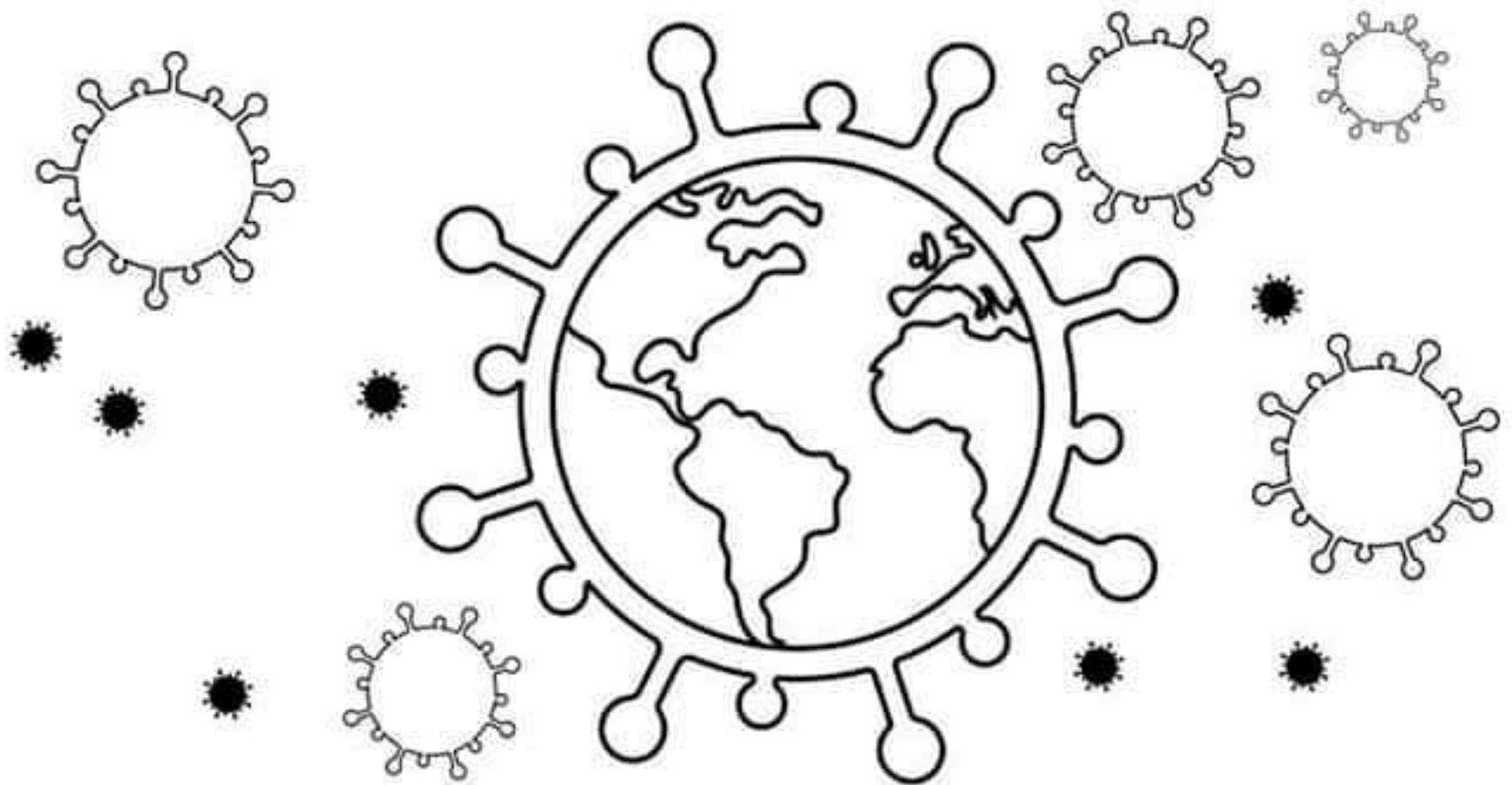


# MY 2020 COVID-19 TIME CAPSULE

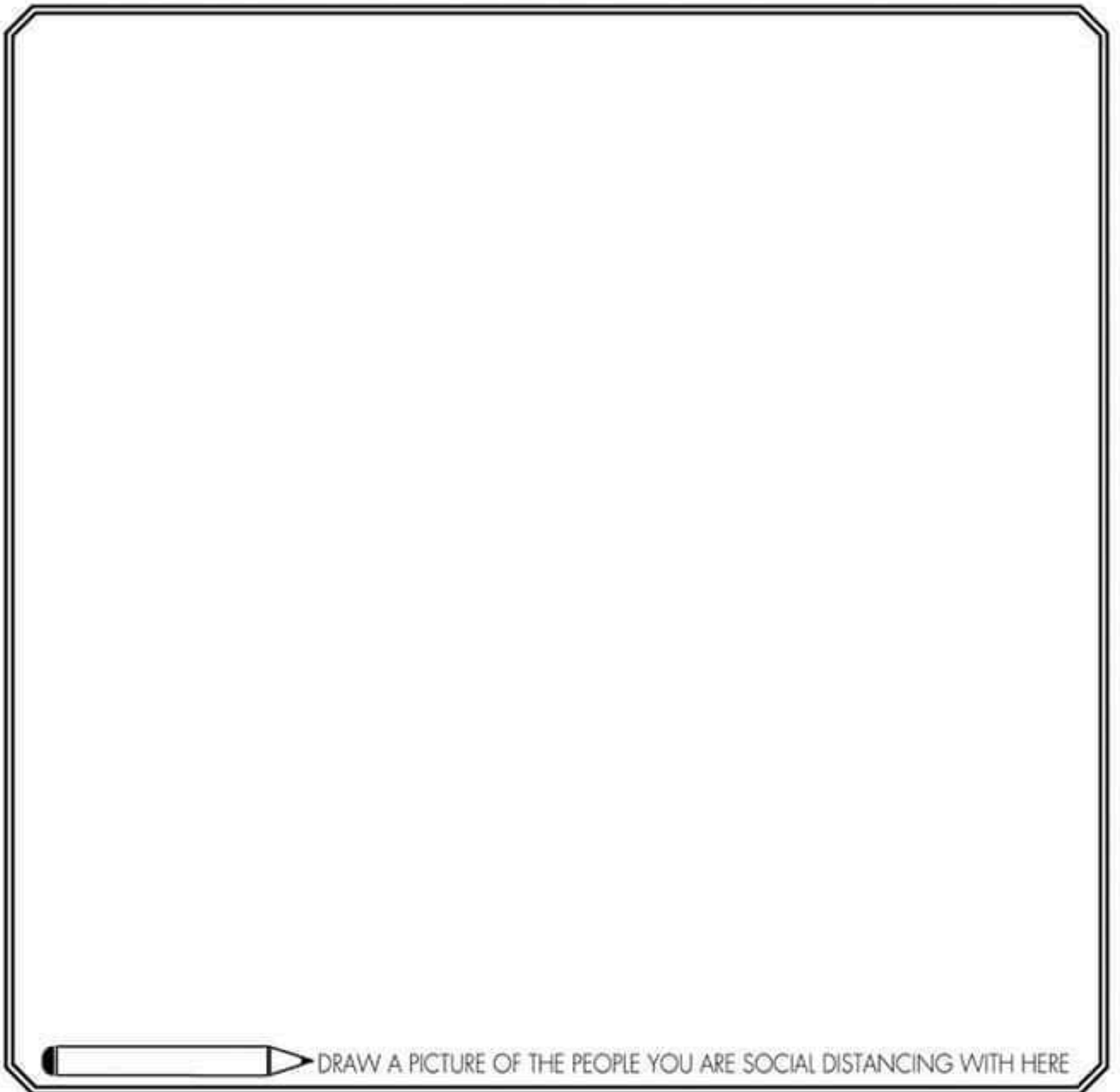



BY: \_\_\_\_\_

# 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:

- SOME PHOTOS FROM THIS TIME
- A JOURNAL OF YOUR DAYS
- LOCAL NEWSPAPER PAGES OR CLIPPING
- ANY ART WORK YOU CREATED
- FAMILY / PET PICTURES
- 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

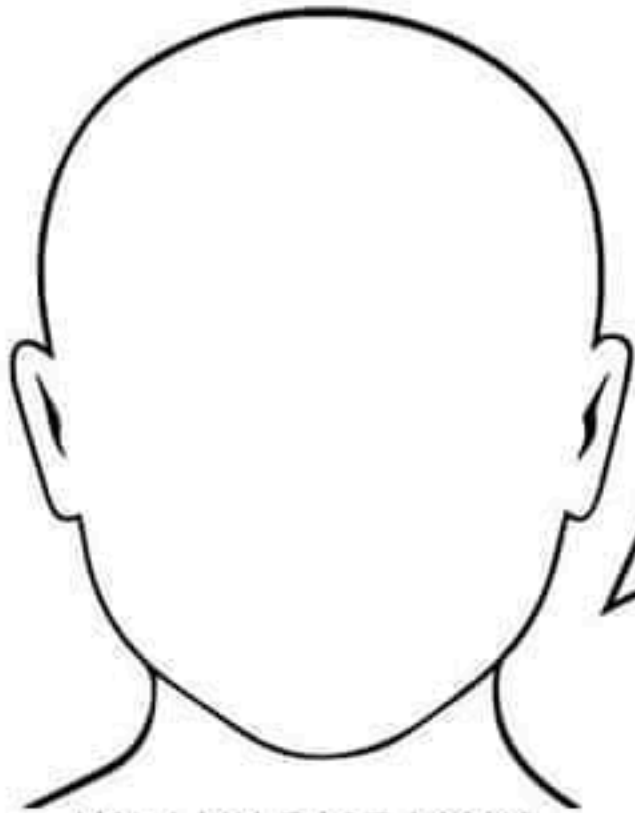
WHEN I GROW UP I WANT TO BE:

\_\_\_\_\_

\_\_\_\_\_

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

# HOW I'M FEELING



HOW MY FACE LOOKS



WORDS TO DESCRIBE HOW I FEEL:

WHAT I HAVE LEARNT MOST FROM THIS EXPERIENCE:

I AM MOST THANKFUL FOR

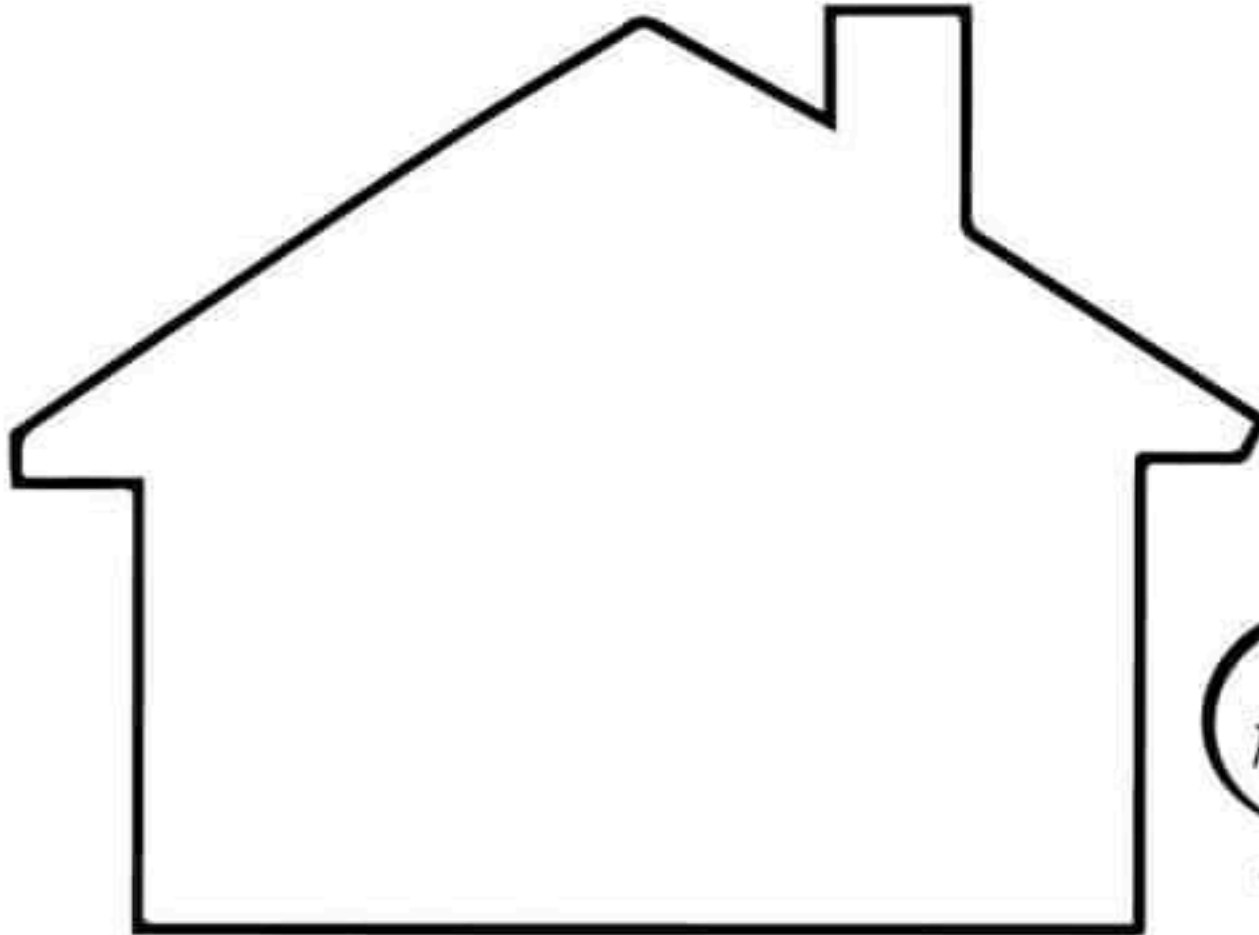
THE 3 THINGS I AM MOST EXCITED TO DO WHEN THIS IS OVER:

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)

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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:

# 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

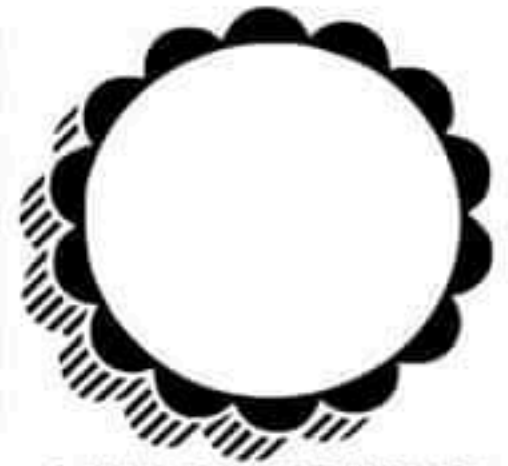




# INTERVIEW YOUR PARENTS

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:

