

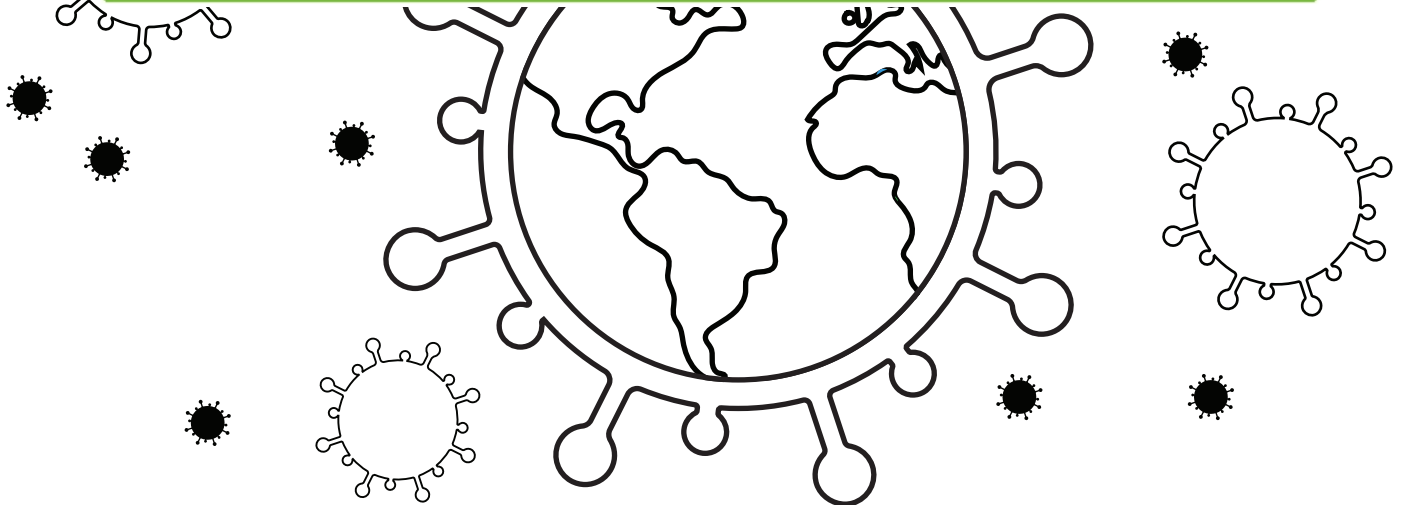
MY 2020 COVID-19 TIME CAPSULE



PREVIEW

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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:

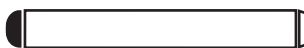
- | | |
|--|---|
| <input type="checkbox"/> SOME PHOTOS FROM THIS TIME | <input type="checkbox"/> ANY ART WORK YOU CREATED |
| <input type="checkbox"/> A JOURNAL OF YOUR DAYS | <input type="checkbox"/> FAMILY / PET PICTURES |
| <input type="checkbox"/> LOCAL NEWSPAPER PAGES OR CLIPPING | <input type="checkbox"/>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



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

♥♥ ALL ABOUT ME ♥♥

I AM

YEARS
OLD

I STAND

INCHES

I WEIGH

POUNDS

SHOE SIZE

MY FAVOURITES

TOY: _____

COLOUR: _____

ANIMAL: _____

FOOD: _____



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PLACE: _____

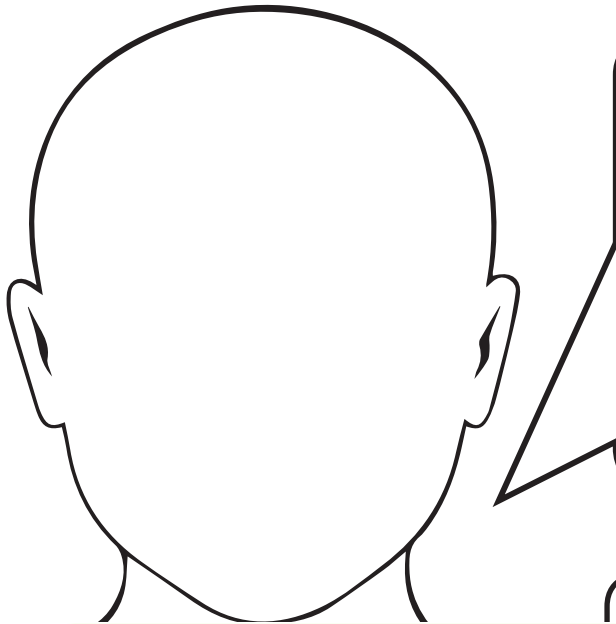
SONG: _____

MY BEST FRIEND/S:

WHEN I GROW UP I WANT TO BE:

DATE:

HOW I'M FEELING



WORDS TO DESCRIBE HOW I FEEL:

WHAT I HAVE LEARNED MOST



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I AM

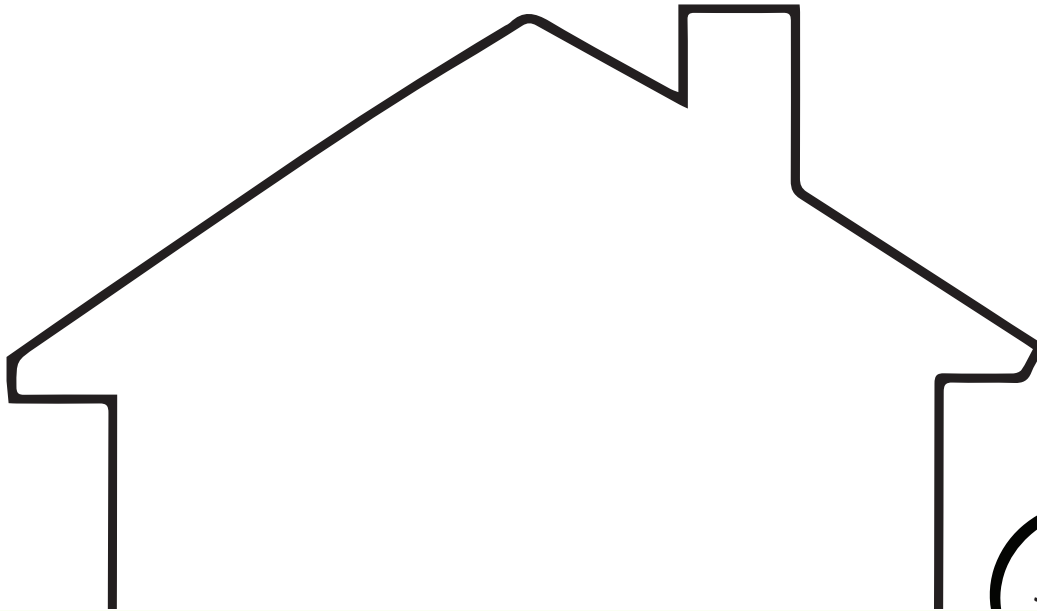
THE 3 THINGS I AM MOST EXCITED TO DO WHEN THIS IS OVER:

1

2

3

MY COMMUNITY



COLOUR THIS HOUSE
TO MAKE IT YOURS



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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!



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OUR HANDPRINTS



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



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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)

[illegible]

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LETTER TO MYSELF

DEAR,



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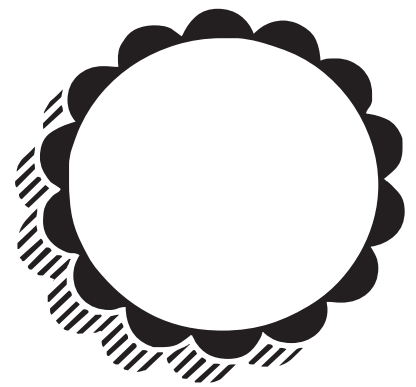
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LOVE,

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



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WHAT YOU

L 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,



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LOVE,