

MY 2020 COVID-19 TIME CAPSULE



BY: _____

FAVOURITE FOOD TO BAKE: _____

FOVOURITE TIME OF DAY: _____

PAGES BY LONJO CREATIONS

LETTER FROM YOUR PARENTS

DEAR, _____

LOVE, _____

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: _____

FOVOURITE TIME OF DAY: _____

GOAL/S FOR AFTER THIS:

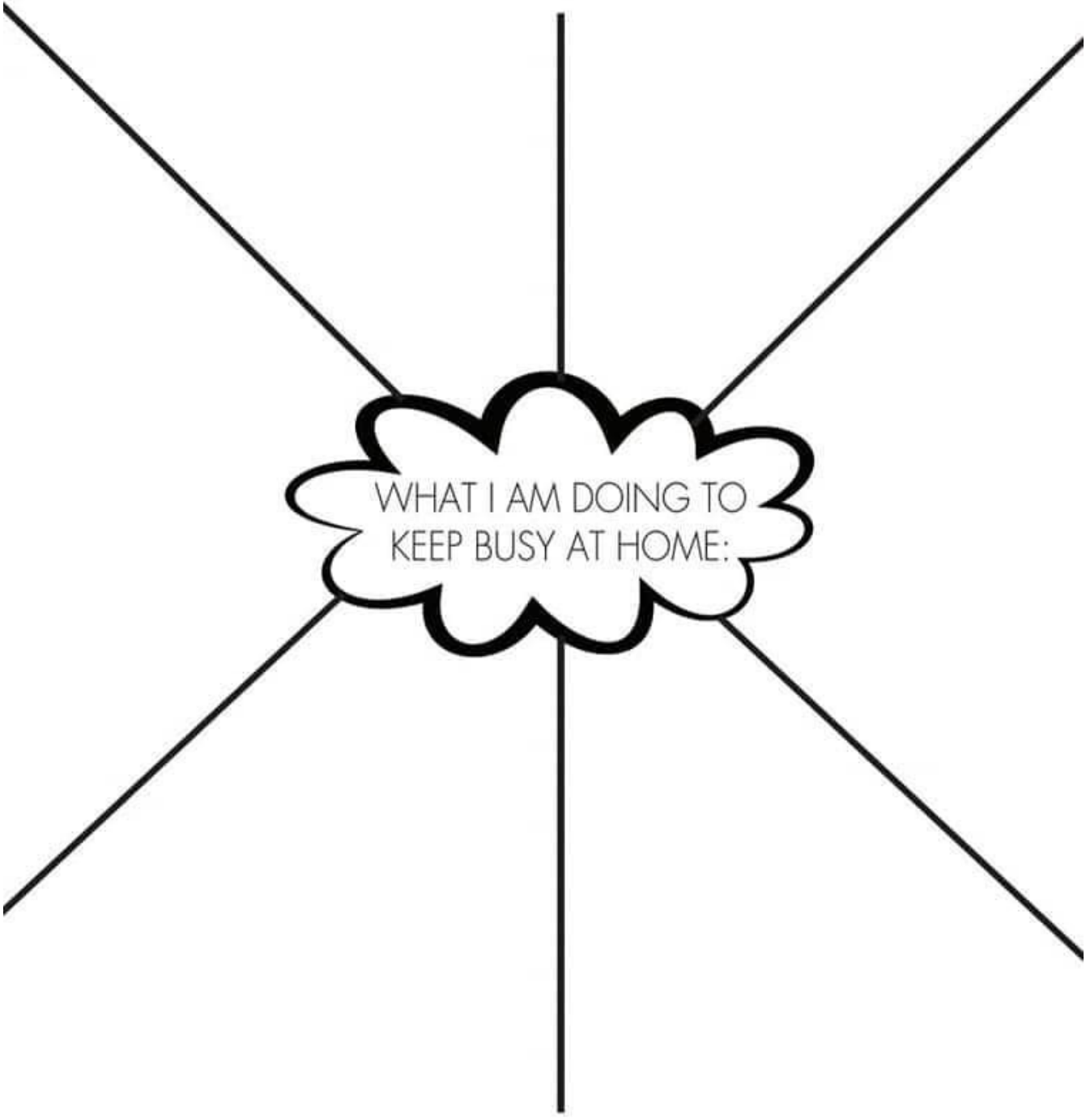
OUR HANDPRINTS



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

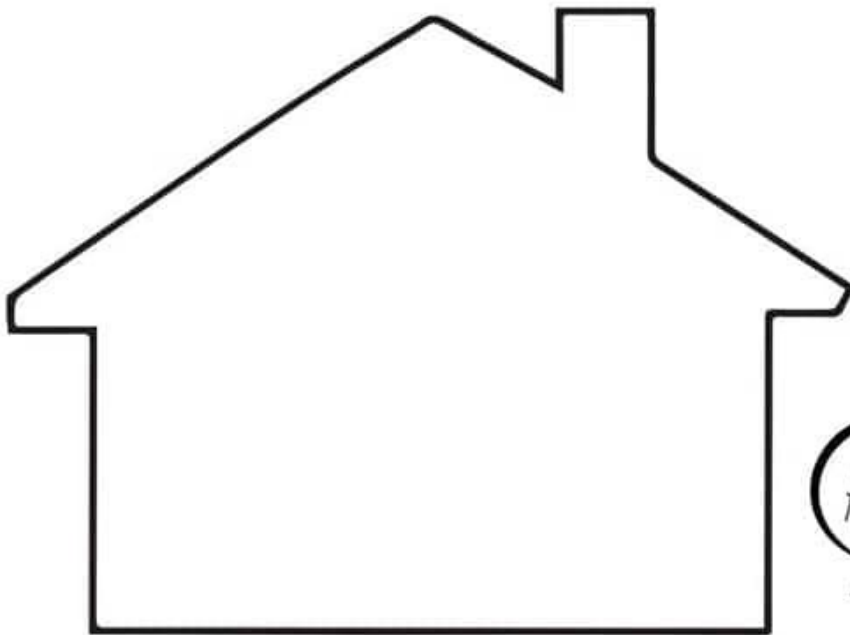


YOU ARE NOT STUCK AT HOME,
YOU ARE SAFE AT HOME!



WHAT I AM DOING TO
KEEP BUSY AT HOME:

MY COMMUNITY



COLOUR THIS HOUSE
TO LOOK LIKE YOURS

WHERE I AM LIVING DURING THIS TIME:

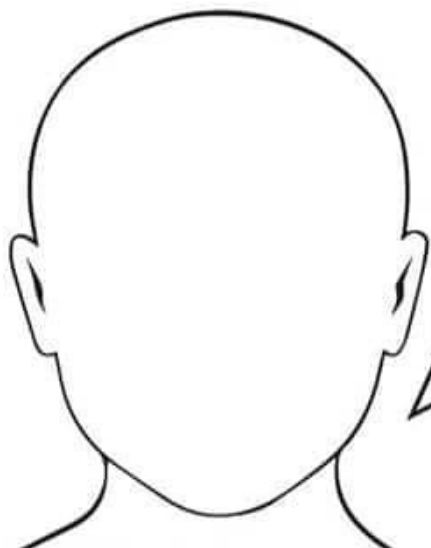


WHAT THINGS ARE YOU DOING TO HELP FEEL CONNECTED/HAVE FUN
OUTSIDE (e.g hearts in windows, chalk notes on sidewalk, etc)

HOW ARE YOU CONNECTING WITH OTHERS?



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

♡♡ 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:

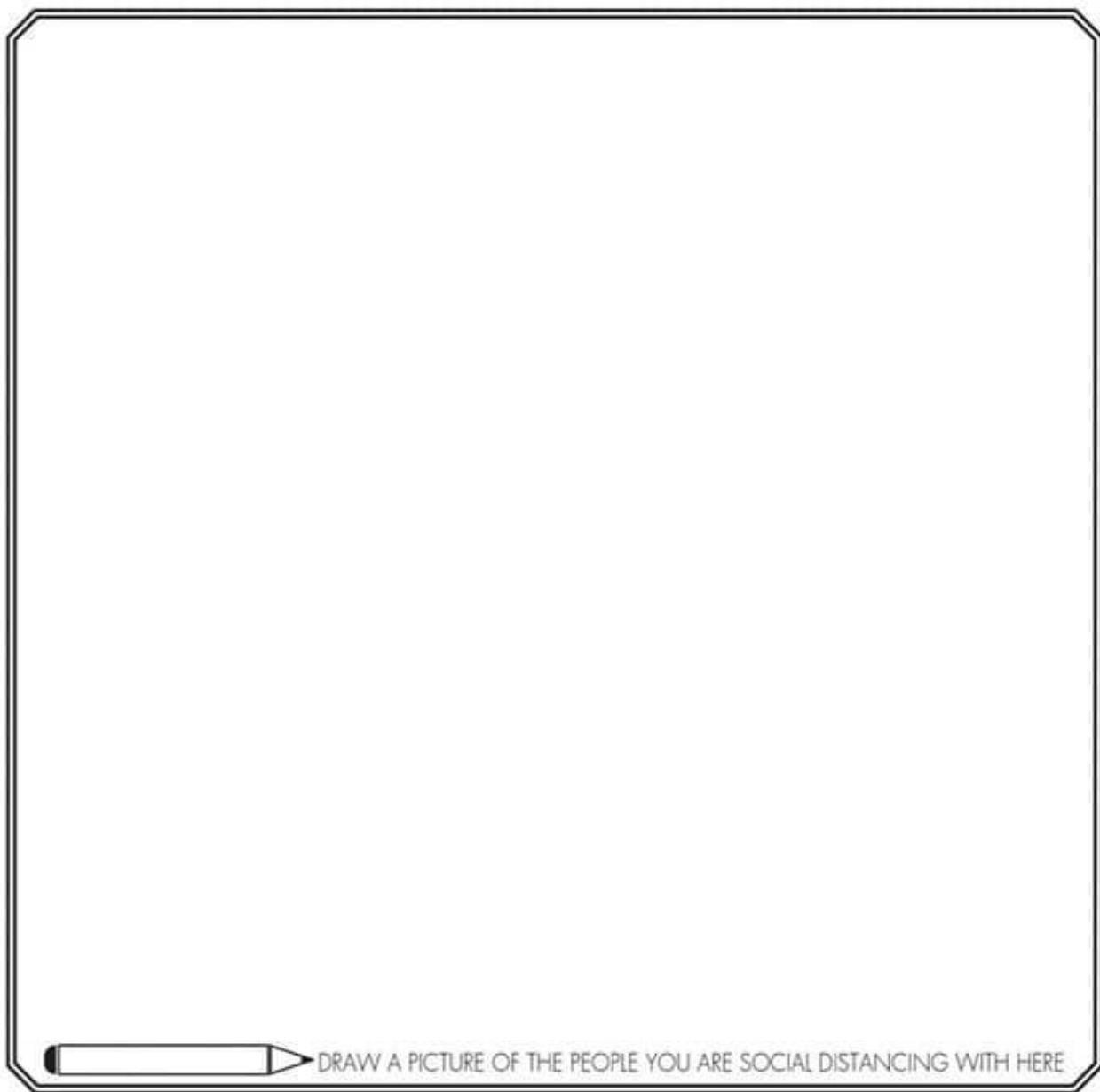
WHEN I GROW UP I WANT TO BE:


DATE: _____

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