

NAME: _____

ADDRESS: _____

Carlow County Library

Time Capsule Form 2020

Carlow County Council Library Service would like to hear from you. Just fill in this Time Capsule form and we will keep it safe for you in our Archive until you have grown up.

Return to:

John Shortall
County Librarian
Carlow County Library
Tullow Street
Carlow



Leabharlann
Chontae Ceatharlach
Carlow County Library

C A R L O W
C O U N T Y C O U N C I L

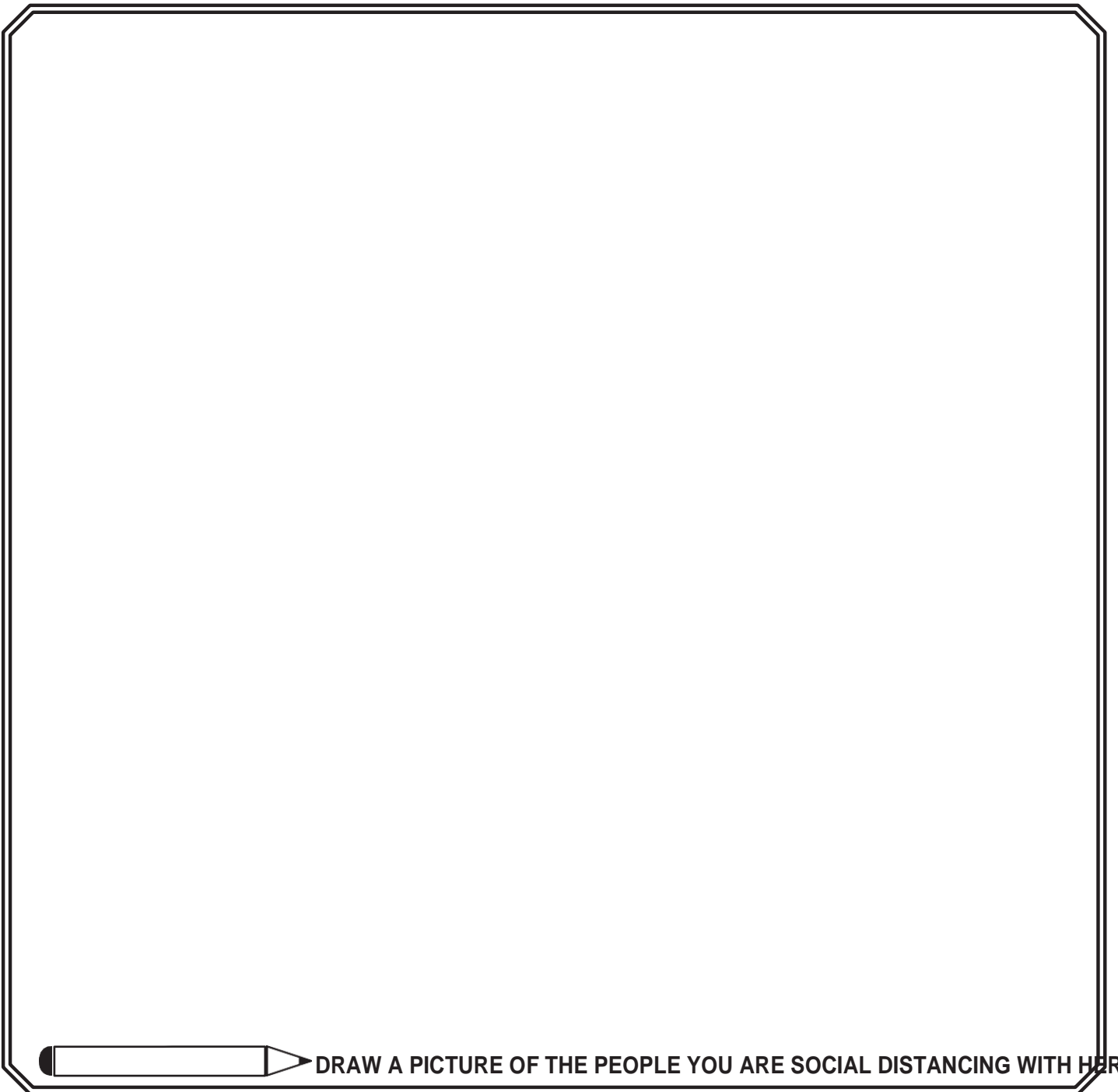
COMHAIRLE CHONTAE CHEATHARLOCHA



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
- ANY ART WORK YOU CREATED
- A JOURNAL OF YOUR DAYS
- FAMILY / PET PICTURES
- LOCAL NEWSPAPER PAGES OR CLIPPING
- SPECIAL MEMORIES



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

♡♡ ALL ABOUT ME ♡♡

YEARS
OLD

INCHES
TALL

POUNDS

SHOE
SIZE

MY FAVOURITES

TOY: _____

COLOUR: _____

ANIMAL: _____

FOOD: _____

SHOW: _____

MOVIE: _____

BOOK: _____

ACTIVITY: _____

PLACE: _____

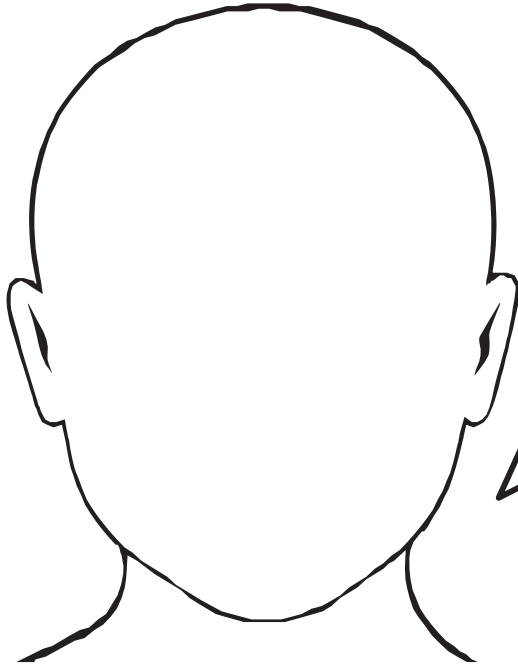
SONG: _____

MY BEST FRIEND/S:

WHEN I GROW UP I WANT TO BE:

DATE:

HOW I'M FEELING



WORDS TO DESCRIBE HOW I FEEL:

HOW MY FACE LOOKS



WHAT I HAVE LEARNT MOST FROM THIS EXPERIENCE:

I AM MOST THANKFUL FOR

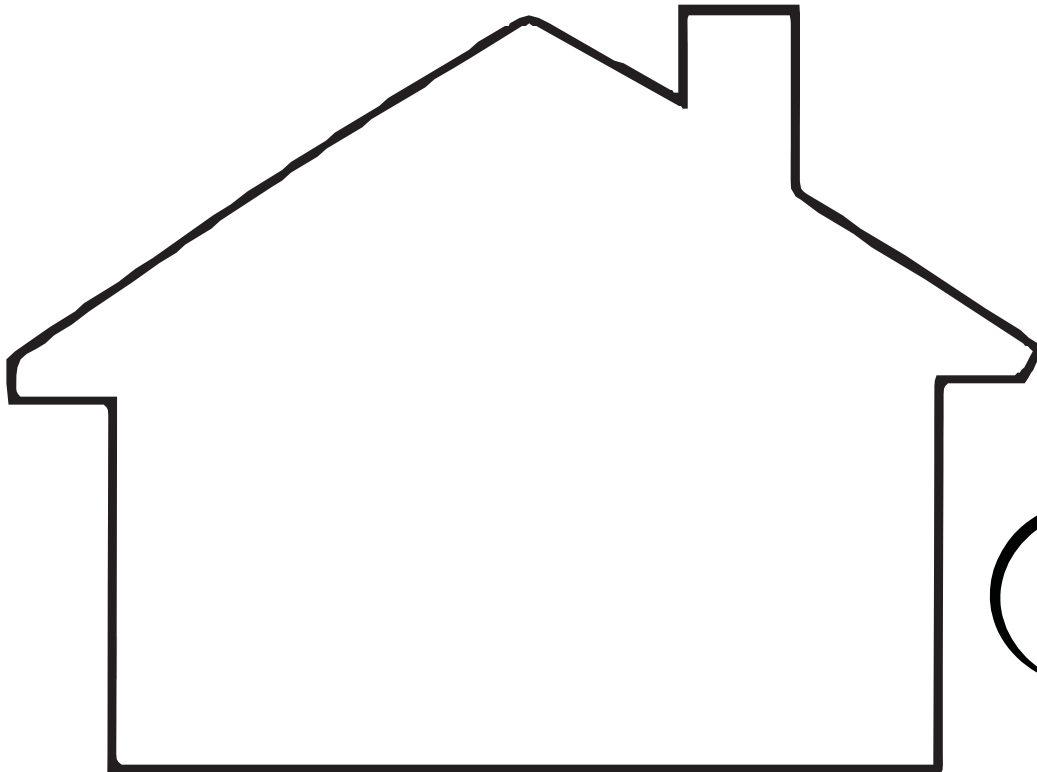
THE 3 THINGS I AM MOST EXCITED TO DO WHEN THIS IS OVER:

1 _____

2 _____

3 _____

MY COMMUNITY



COLOUR
TO
THIS
HOUSE
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!**



OUR HANDPRINTS



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



SPECIAL OCCASIONS

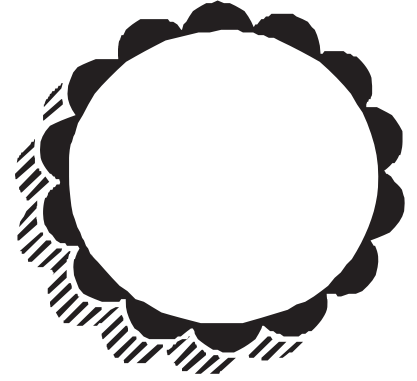
WHAT OCCASIONS DID YOU CELEBRATE DURING THIS TIME?
WRITE THE LIST DOWN HERE AND WHAT YOU DID TO CELEBRATE
(E.G. ST. PATRICK'S DAY, EASTER, BIRTHDAYS, ANNIVERSARIES)

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: _____

FAVOURITE TIME OF

YOUR NEW FOUND FAVOURITE INSIDE FAMILY ACTIVITY:

DAY: _

FAVOURITE FOOD TO BAKE: _____

GOAL/S FOR AFTER THIS:

