

## Individual Service Project – Grades K – 2

Requirement: One project each semester (Minimum 1/2 hour)

(Parents complete areas were indicated)

Name: \_\_\_\_\_

Date of Project: (Parent) \_\_\_\_\_

Tell what you did:

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Time to complete project (Parent) \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_  
(If other than parent)

How did you feel after you were done?

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Why?

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In Christ, I Can!  
*Philippians 4:13*