

Individual Service Project – Grades K – 2

Requirement: One project each semester (Minimum ½ hour)

(Parents complete areas were indicated)

Name: _____

Date of Project: (Parent) _____

Tell what you did:

Time to complete project (Parent) _____

Parent's Signature: _____

Supervisor's Signature: _____
(If other than parent)

How did you feel after you were done?

Why?

Love the Lord your God with all your heart . . . and
love your neighbor as yourself.

Luke 10:27