

Name: _____

Date: _____

Time: _____ : _____ - _____ : _____

Fill in the blank with the correct option.



Nail Cutter



Shampoo



Tooth Brush

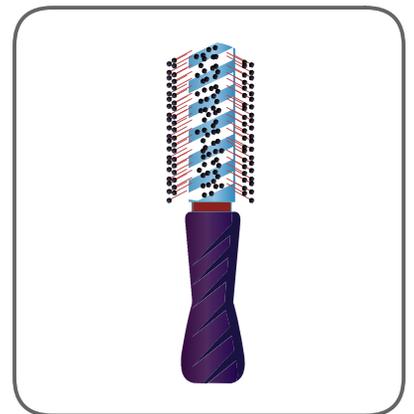
We wash our hair with _____.



Shoe Brush



Tooth Brush



Hair Brush

We can clean our teeth with _____.