Name: _____

Date: _____

Time: ____ : ____ - ____ : ____

Fill in the blank with the correct option.
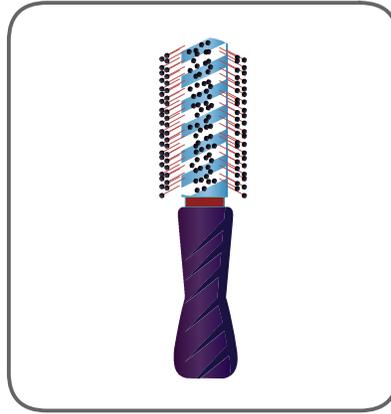
Tooth Brush	**Hair Brush**	**Soap**

We wash our hands with _____.

- -
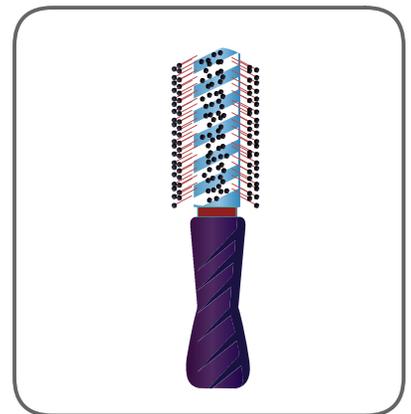
Nail Cutter	**Face Wash**	**Hair Brush**

We can clean our face with _____.