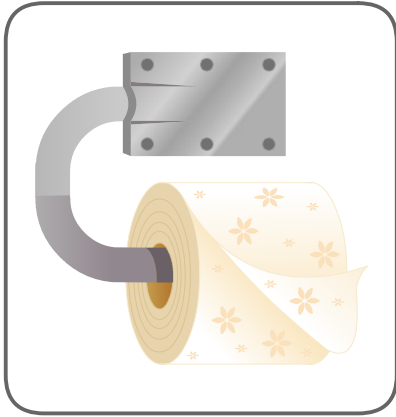


Name: _____

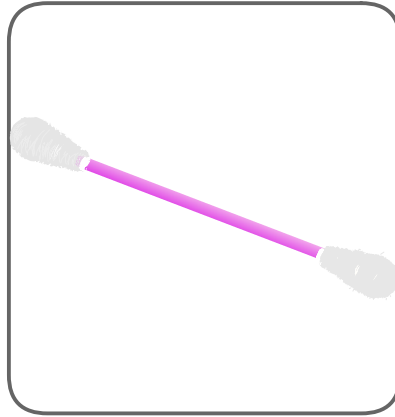
Date: _____

Time: _____ : _____ - _____ : _____

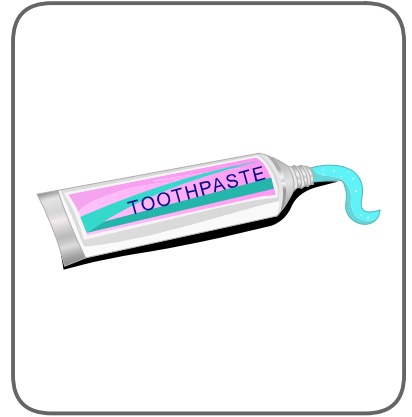
Fill in the blank with the correct option.



Toilet Roll

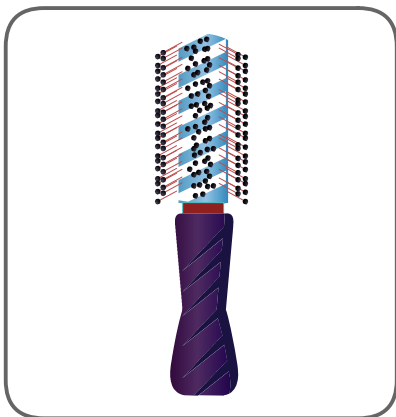


Bud



Tooth Paste

We clean our ears with _____.



Hair Brush



Tooth Paste



Tooth Brush

We keep our hair neat and tidy with _____.