



Name: _____

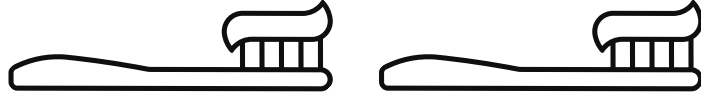
Date: _____

I Brush My Teeth!

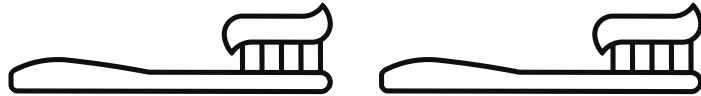
I brush my teeth every day, in the morning and the evening.
So, I color a toothbrush twice a day.



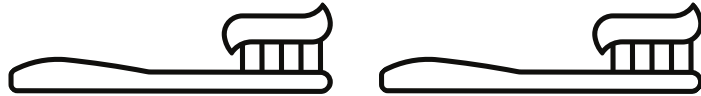
Monday



Tuesday



Wednesday



Thursday



Friday



Saturday



Sunday

