

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.

Morning Time

Night Time

MONDAY



Morning Time

Night Time

TUESDAY



Morning Time

Night Time

WEDNESDAY



Morning Time

Night Time

THURSDAY



Morning Time

Night Time

FRIDAY



Morning Time

Night Time

SATURDAY



Morning Time

Night Time

SUNDAY

