

Name: _____

Date: _____

ROUTINES

P Q V V S D O U I L T W H J I K V
L Z B U G C T N P I J J Y T W C P
A H O Y H Q G O T O S C H O O L G
Y A H A V E B R E A K F A S T P L
W V R Z I O A T C Y Z W K S D X J
I E H A V E A S H O W E R C P N S
T D R Y S M H C W M V R Y S J L W
H I X J Y R N N M C R A K D T Z L
F N K T Y X H A V E A S N A C K R
R N D L M F O C N Z M G O H O M E
I E A P Z E I L W H Z U V F K U A
E R F B R U S H Y O U R T E E T H
N W V A C Y Y V R P G C H F I J R
D M Q Y O E K B G E T U P G X S U
S Z B Q R V H T T D C J Q S B I D
W A K E U P F H A V E L U N C H Q
B C W S T R I W Z R G U J D Y E N

play with friends

brush your teeth

have breakfast

have a shower

go to school

have a snack

have dinner

have lunch

go home

wake up

get up