

PLEASE BE SENSITIVE TO ANY CHILD'S FOOD ALLERGY IN THE CLASS

\_\_\_\_\_  
PRINCIPAL'S SIGNATURE

\_\_\_\_\_  
TEACHER'S SIGNATURE

\_\_\_\_\_  
TREAT DATE OF TREAT

\_\_\_\_\_  
NAME OF CHILD GRADE

(TO BE COMPLETED AND TURNED INTO THE  
SCHOOL OFFICE ONE WEEK PRIOR TO TREAT DAY.)

BIRTHDAY TREAT FORM

ST. JOHN THE EVANGELIST SCHOOL  
10201 WOODLAND DRIVE  
SILVER SPRING, MD 20902  
301-681-7656