

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