

**St. Justin Martyr CCE**  
**Day Change Request Form**

*One form per child.*

Today's date: \_\_\_\_\_

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

What day does your child currently attend CCE?      Monday      Wednesday      Saturday

I am requesting to change CCE attendance to:      Monday      Wednesday      Saturday

Why do you need to change days? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I understand that my request to change days may not be approved due to limited space in each classroom. I understand that until my request is approved, I may not bring my child to class on a different day than he or she is currently attending.**

Parent's printed name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

<p><i>For office use only:    Approved    Denied</i></p> <p><i>Date:</i></p> <p><i>Staff signature:</i></p>
---