

# Request to change Faith Formation Class Day / Time

**We will do our best to honor your request. You will be notified by e-mail whether or not we were able to change your class day/time. Please be patient as changes can take several days during the registration period.**

**No changes will be made Sept 7th – 21st, 2017.**

**You will be notified beginning Sept 28<sup>th</sup> if we had space in the class you are requesting.**

Please return this form to:

- The Parish Office, Attn: Christine Prihoda

or

- Email it to [cprihoda@staoptw.org](mailto:cprihoda@staoptw.org).

Thank you!

Today's Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

E-mail Address (this is how you will be contacted): \_\_\_\_\_

Best phone number: \_\_\_\_\_

Current Faith Formation Class Day: \_\_\_\_\_

Current Faith Formation Class Time: \_\_\_\_\_

Current Classroom Number: \_\_\_\_\_

I request to change to the following Day and Time (please list a first and second choice):

\_\_\_\_ Sunday, 2:30p – 3:45p Grades K-4

\_\_\_\_ Sunday, 4:15p-5:30p Grades K-4

\_\_\_\_ Monday, 5:15p-6:30p Grades K-6

\_\_\_\_ Wednesday, 4:45p-6:00p Grades K-4

\_\_\_\_ Homeschool

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For Office Use Only: Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Change *Approved* *Disapproved* New Faith Formation Day / Time: \_\_\_\_\_

Date Parents Contact: \_\_\_\_\_

Classroom #: \_\_\_\_\_