

Religious Exemption Statement

(Printed full, legal name of child)

I, the undersigned, do hereby swear or affirm, as the case may be as follows:

1. I am making this Religious Exemption Statement pursuant to Conn. Gen. Stat. § 19a-79 so that the child may enroll in child care at

_____.

2. I am the lawful parent guardian of the child.

3. Immunizing said child would be contrary to the child's parent's guardian's religious beliefs.

4. I understand that by claiming this exemption the child shall be exempt from one or more of the immunizations required by Conn. Gen. Stat. §§ 19a-79 and 19a-7f.

Name of Parent

Signature of Parent/Guardian

Date

Address (Street & House or Apt. Number)

Telephone Number

City, State and Zip Code

TO CLAIM A RELIGIOUS EXEMPTION, AN EXEMPTION FORM MUST BE SUBMITTED TO THE CHILD CARE BEFORE ENROLLING IN THE PROGRAM.

ACKNOWLEDGEMENT

STATE OF CONNECTICUT :

COUNTY OF _____ :

ss:

On this the ____ day of _____, _____, before me, _____ the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name he or she subscribed to the within instrument and acknowledged that he or she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

Judge
Family Support Magistrate
Clerk/Deputy Clerk (include seal)
Town Clerk
Notary Public My Commission expires (_____))
Justice of the Peace
Commissioner of the Superior Court (bar no _____)
School Nurse (license no. _____)