

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.
5. I understand that during a vaccine-preventable disease outbreak at the above-identified child care program, all susceptible children, including the child named above will be excluded from the child care program if a public health official determines that the program is a significant site for disease exposure, transmission and spread into the community. In such case, such children, including the named child shall be excluded from the program until: (1) the public health official determines that the outbreak danger has ended; (2) the child becomes ill with the disease and completely recovers from it; (3) the child is vaccinated according to public health protocol; or (4) the child has proof of immunity to the disease.

Name(s) of Parent(s)

Signature of Parent(s)/Guardian(s)

Date

Name(s) of Parent(s)

Signature of Parent(s)/Guardian(s)

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 PROGRAM ANNUALLY.

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 _____)