

Statement of Conscience or Religious Belief for Individual

Child Care and Early Years Act, 2014

Affidavit

I, _____,
(Last Name, First Name)

Home Address

Unit Number	Street Number	Street Name
City/Town	Province	Postal Code

Child Care Centre / Home Child Care Agency

make oath or solemnly affirm and say as follows:

1. Immunization conflicts with my sincerely held religious or conscious convictions.
2. I make this affidavit for the purposes of complying with the requirements of subsection 57(3) of Ontario Regulation 137/15 under the *Child Care and Early Years Act, 2014*, and for no other or improper purpose.

SWORN OR SOLEMNLY AFFIRMED before me

at _____
(Municipality/First Nation)

in _____
(Province)

on _____
(Date (yyyy/mm/dd))

Individual's Signature

Signature of Commissioner for Taking Affidavits

Type or Print name if signature is illegible (Last Name, First Name)

Personal information on this form is provided to the child care provider as required under subsection 57(3) of Ontario Regulation 137/15 under the *Child Care and Early Years Act, 2014*. The information may be collected and used by the Ministry of Education in the course of confirming compliance with that subsection. The information may also be collected and used by the Medical Officer of Health pursuant to clause 72(6)(a) of Ontario Regulation 137/15 under the *Child Care and Early Years Act, 2014* in order to support the health and well-being of children. Questions about this collection should be directed to: Manager, Licensing and Compliance, Ministry of Education, 77 Wellesley Street West, Box 980, Toronto ON M7A 1N3, or by calling the Child Care Licensing Help Desk at 1-877-510-5333.

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