

**Statement of Conscience or Religious Belief  
for Child***Child Care and Early Years Act, 2014***Affidavit**I, \_\_\_\_\_,  
(Last Name, First Name)

parent of the following named child:

Last Name	First Name	Date of Birth (yyyy/mm/dd)
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**Home Address**

Unit Number	Street Number	Street Name
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City/Town	Province	Postal Code
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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 35(2) 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))\_\_\_\_\_  
Parent of Named Child 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 your child care provider as required under subsection 35(2) 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.