



Notification of Immunization Exemption

If you are a licensed or registered child care provider and have chosen to accept religious exemptions for children on the grounds of sincerely held religious beliefs, please complete the following form, and return it to Child Care Licensing Program.

Name of Program: _____

PV #: _____

- I have chosen to accept Immunization exemptions for children enrolled in my program.
- I have given notice to all the enrolled families in my facility.

Authorized Signature: _____

Printed Name: _____

Date: _____

Please complete and return to Child Care Licensing at:

Email: childcarelicensing@mt.gov

Mail: PO Box 4210
Helena, MT 59620-4210

Fax: (406) 444-2750