

RELIGIOUS EXEMPTION FROM VACCINATION	
Child's Name:	
Date of Birth:	
are exempt fro	om the immunizations requirement for religious reasons.
Parent Signature:	Date:
Administrator Signature:	Date:

Doe Rae Me Development Center 1984 Shiloh Springs Rd. Trotwood Ohio 45426 937.825.1093 doeraeme.eldc@gmail.com