

CWELCC Intention to Opt-In/Opt-Out Form

Instructions

1. Work with leadership to confirm your organization’s intention to opt-in or opt-out of the CWELCC system in Oxford County.
2. Identify one individual to complete the table at the bottom of this form.
3. Identify one individual with authority to bind the licensee (e.g. Executive Director, Board Chair) to sign the form.
 - If you do not have a digital signature, please print, sign, and scan the form.
4. Email the completed form to cwelcc@oxfordcounty.ca with the subject line “CWELCC Intention to Opt-In/Opt-Out Form” by November 1, 2022 at 4:00pm EST.
5. If you have elected to opt-out of the CWELCC system, you must inform staff and parents by November 1, 2022.

Licensed child care agency name	
Intention to ‘opt-in’ or ‘opt-out’ of the CWELCC system <i>(select one)</i>	<input type="checkbox"/> ‘Opt-in’ to the CWELCC system <input type="checkbox"/> ‘Opt-out’ of the CWELCC system
Name of person completing this form	
Contact information of person completing this form	Email: Phone Number:
Date completed	
Name, Role and Signature of person with authority to bind the Licensee and Licensee’s intent to opt-in or opt-out of the CWELCC system	Name: Role: Signature: