

EXHIBIT J-j

CHILD CARE AGREEMENT

Parish/School/Entity

Child's name _____ Birth date _____

Parent's Name _____ Phone _____

Name of Physician _____ Phone _____

Name to contact
in case of emergency _____ Phone _____

Name of person authorized
to pick up child _____ Phone _____

1. Does child have any medical condition necessitating dietary supplements or restrictions, medication or avoidance of allergies? Yes _____ No _____

If yes, please specify:

2. Known allergies

3. Are there any restrictions on normal physical activities? Yes _____ No _____

If yes, please specify:

1. A child who appears ill upon arrival shall not be admitted.
2. At the time of registration, the parents should authorize the child's physician to accept all calls from the child care director for any emergency medical care.

I hereby authorize

_____ to take my
child to above named physician or facility for medical treatment in the event an
emergency in which neither parent can be reached. If the above named physician cannot
respond, I authorize any licensed physician or medical center to treat my child.

Signature _____ Date _____

NOTE: A PHOTOCOPY OF BOTH SIDES OF HEALTH INSURANCE ID CARD MUST BE PROVIDED.