



MAGDALENA ECKE FAMILY YMCA

Child's name: _____ Phone number: _____
Parent's name: _____

I WOULD LIKE TO REGISTER MY CHILD FOR: Circle One

**AVIARA OAKS MIDDLE SCHOOL
(Please circle which days)**

**3 Days
M T W Th F**

**5 Days
M-F**

Drop In

*** You must choose which 3 days you would like to attend. Thank you.**