

MAGDALENA ECKE YMCA

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

I WOULD LIKE TO REGISTER MY CHILD FOR: Circle One

LA COSTA HEIGHTS CHILDCARE
(5 Days a week)
AM/PM or PM only

PAUL ECKE CENTRAL CHILDCARE
(5 Days a week)
AM/PM or PM only

Y-SITE (CAPRI, FLORA VISTA, OCEAN KNOLL, PARKDALE LANE,
TIP) CHILDCARE
(5 Days a week)
AM/PM or PM only

OLIVENHAIN PIONEER CHILDCARE
(If attending Olivenhain Pioneer please circle which days)

AM/PM or PM only

3 Days or **5 Days**
M T W Th F M-F

*** If you are attending OPE and you are choosing the 3 day a week option, due to staffing issues you must choose which 3 days you would like to attend. Thank you.**