

SWIM LESSON REGISTRATION FORM

Please Check:

SESSION I _____ DAY _____ NEW STUDENT _____ (must be screened before 1st day of class to hold a spot)
SESSION II _____ EVENING _____ RETURNING STUDENT _____

Student Name _____

Address _____

City _____ State _____ ZIP _____

Parents _____

Date of Birth _____ / _____ / _____ Phone _____

Class Level _____ Time _____
(if returning)

E-mail address _____

**MAKE CHECKS PAYABLE TO:
CONEY ISLAND**

Attn: Mrs. Mary Beth Ganote
6201 Kellogg Avenue
Cincinnati, OH 45228

*Please duplicate this form for each student you enroll.

*Students previously at Coney Island need not be screened.

*Screening will be conducted during registration hours *and* during Session I.

NOTE: THIS FORM IS YOUR ENROLLMENT! We will not mail a confirmation.
We **WILL** contact you if the class is unavailable! Any questions? Call (513) 624-1447 or e-mail coneymama@fuse.net

BE PREPARED TO SWIM!