



**2017 SWIM PROGRAM
FOR MEMBERS ONLY**



MAIL-IN 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
202 Holiday Lane
Fort Thomas, KY 41075

*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 lessons.

NOTE: THIS FORM IS YOUR ENROLLMENT! We will not mail a confirmation. Any questions? Call (513) 624-1447 or e-mail coneymama@fuse.net **BE PREPARED TO SWIM!**