



Child Minding Block Booking Request Form

Winter 2017 SESSION Jan 9 - Mar 26, 2017

Branch (circle): Crowfoot Eau Claire Remington Saddletowne Shawnessy
 T 403-241-4618 T 403-781-1669 T 403-351-6678 T 403-537-2724 T 403-254-3217
 Course Code: 116653 116654 120800 116656 116655

YMCA Members Book beginning Monday, November 22, 2016

Non-Members Book beginning Monday, December 6, 2016

Block Booking Policies

Block booking is defined as a series of consecutive Child Minding appointments for a period of not less than five weeks and no more than 3 visits for an individual child within a one week period. Each visit may be for a maximum of two hours.

Block booking dates correspond with YMCA Calgary registration dates for each program session.

Block booking closes one week into each program session or once available spaces are filled, whichever comes first. Limited spaces are available and submission of a block booking form does not guarantee a spot.

Each family (or household account) may submit one block booking form per session.

Note – non-members may block book for one registered program/course. Proof of registration is required.

Cancellation of a block booking period is subject to a 25% cancellation fee with refunds pro-rated from the time of cancellation. YMCA Calgary is unable to issue refunds or credit memos for absences.

We request notice of when a child will not be in attendance as a courtesy to other child minding users. Those who have not paid for usage (member infants & volunteers) will be charged \$5.00 or for the time booked (whichever is greater).

Steps to Block Book

1. Fill in this form
2. Submit this form to YMCA Child Minding
3. Child Minding staff will review each submitted form to determine space availability and communicate the results to the child's parent/guardian
4. Upon confirmation of space being available, fees are due and payable at YMCA Member Services

By signing on the line below, you agree to the booking and cancellation policies listed above.

(Signature)

(Date)

Parent/Guardian _____

Tel _____ Cell _____

Email _____

Select one: YMCA Member Non-Member

Child's Name _____

Date of Birth _____

Booking Request
 Dates: _____, 2017 to _____, 2017

Sun Mon Tues Wed Thur Fri Sat
Circle all days that apply
 Time: _____am/pm to _____am/pm

Sun Mon Tues Wed Thur Fri Sat
Circle all days that apply
 Time: _____am/pm to _____am/pm

Office Use – Space confirmed YES NO
 # of weeks _____ (excluding holidays)

Age: 6wk-18mos 19mos-3years 3 – 10Years

Fee: \$_____ Entered: _____ (int)

Family Advised: _____, 2017 _____ (int)

Child's Name _____

Date of Birth _____

Booking Request
 Dates: _____, 2017 to _____, 2017

Sun Mon Tues Wed Thur Fri Sat
Circle all days that apply
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Fee: \$_____ Entered: _____ (int)

Family Advised: _____, 2017 _____ (int)