



Branch Contact Info	Gray Family Eau Claire YMCA T 403-781-1669 <a href="mailto:ChildMinding.ECY@calgary.ymca.ca">ChildMinding.ECY@calgary.ymca.ca</a>	Melcor YMCA at Crowfoot T 403-241-4618 <a href="mailto:ChildMinding.CFY@calgary.ymca.ca">ChildMinding.CFY@calgary.ymca.ca</a>	Remington YMCA T 403-351-6678 <a href="mailto:ChildMinding.RY@calgary.ymca.ca">ChildMinding.RY@calgary.ymca.ca</a>	Saddletowne YMCA T 403-537-2724 <a href="mailto:ChildMinding.TY@calgary.ymca.ca">ChildMinding.TY@calgary.ymca.ca</a>
	Shawnessy YMCA T 403-254-3217 <a href="mailto:ChildMinding.SHY@calgary.ymca.ca">ChildMinding.SHY@calgary.ymca.ca</a>	Shane Homes YMCA at Rocky Ridge T 403-403-351-5261 <a href="mailto:ChildMinding.ROY@calgary.ymca.ca">ChildMinding.ROY@calgary.ymca.ca</a>	Brookfield Residential YMCA at Seton T 587-392-5583 <a href="mailto:ChildMinding.BY@calgary.ymca.ca">ChildMinding.BY@calgary.ymca.ca</a>	<b>RECEIVED</b> Date: _____ Time: _____

**YMCA Members Book beginning Tues, Aug 13.2019 @ 5:30am**  
**Non-Members Book beginning Tues, Aug 27.2019 @ 5:30am**

*This form may be emailed to the branch of your choice using the email address above.  
Please do not send prior to 5:30am on the date you are eligible to apply.*

**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 when a child will not be in attendance as a courtesy to other Child Minding users. Cancellations must be received, whenever possible, by closing time the day prior to the scheduled booking. Those who have not paid for usage (member infants & volunteers) will be charged \$5.00 or for the time booked (whichever is greater).

**Please note - Block Booking for Thanksgiving Day (October 14) and Remembrance Day (November 11) will not be available**

**Steps to Block Book**

1. Fill in the information to the right on this form
2. Submit this form to YMCA Child Minding (email address listed above)
3. This form will be reviewed to determine space availability and the results will be communicated 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: \_\_\_\_\_, 2019 to \_\_\_\_\_, 2019

Sun Mon Tues Wed Thu Fri Sat

*Circle all days that apply*

Time: \_\_\_\_\_am/pm to \_\_\_\_\_am/pm

Sun Mon Tues Wed Thu 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 – 8 Years
Fee: \$_____ Entered: _____ (int)
Family Advised: _____, 2018 _____ (int)

**Child's Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Booking Request

Dates: \_\_\_\_\_, 2019 to \_\_\_\_\_, 2019

Sun Mon Tues Wed Thu Fri Sat

*Circle all days that apply*

Time: \_\_\_\_\_am/pm to \_\_\_\_\_am/pm

Sun Mon Tues Wed Thu Fri Sat

*Circle all days that apply*

Time: \_\_\_\_\_am/pm to \_\_\_\_\_am/pm

Office Use – Space confirmed YES NO
# of weeks ____ (excluding holidays)
Age: 6wks-18mos 19mos-3years 3 – 8 Years
Fee: \$_____ Entered: _____ (int)
Family Advised: _____, 2018 _____ (int)