



# Child Minding Block Booking Request Form

## SPRING 2020 SESSION

## March 30 – June 21, 2020

<b>Branch Contact Info</b>	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, March 3, 2020 @ 5:30am**

**Non-Members Book beginning Tues, March 17, 2020 @ 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 Good Friday (April 10) and Victoria Day (May 18) 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: \_\_\_\_\_, 2020 to \_\_\_\_\_, 2020

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: _____, 2020 _____ (int)

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

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

Booking Request

Dates: \_\_\_\_\_, 2020 to \_\_\_\_\_, 2020

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  
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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: _____, 2020 _____ (int)