



**Child Minding Block Booking Request Form**  
**2019 SPRING SESSION – May 6 – June 29, 2019**

RECEIVED Date: _____ Time: _____
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Branch Contact Info: YMCA of Lethbridge, T 403-942-5757, kristen.hatfield@lethbridgemyca.ca

**YMCA Members Book beginning Tuesday April 30 @ 5:30 am**

**This form may be emailed to 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 the duration of the session 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 Lethbridge 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.

Cancellation of a block booking period is subject to a 25% cancellation fee with refunds pro-rated from the time of cancellation. YMCA Lethbridge 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 Victoria Day (May 20) 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. Child Minding Supervisor 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      Volunteer

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

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

Booking Request

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

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 – 7 Years  Fee: \$ _____ Entered: _____ (int)  Family Advised: _____, 2019 _____ (int)
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Date of Birth \_\_\_\_\_

Booking Request

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