

Office use only  
FORM SUBMITTED

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Staff Initial: \_\_\_\_\_



## Child Minding Pre-Booking Request Form

### Booking Period: Winter/Spring Brochure (January 2-June 30) 2019

#### Booking Information:

- Parent must have a current membership or a wellness pass at the time the booking is made to receive the member rate.

Members        \$6.00/hour  
Non Members   \$8.00/hour

Mon, Wed, Fri	8:45am – 12:15pm	(Children's Play Centre)
Tues, Thurs	8:45am – 2:30pm	(Children's Play Centre, Parkland Room)
Mon – Thu	5:15pm – 8:00pm	(Parkland Room)
Sat	8:45am – 1:15pm	(Parkland Room)

*(Planned closure dates: Dec 24, 25, 26, 29, 31, Jan 1, Feb 16, 18, Apr 19, 20, 22, May 18, 20.)*

*\*Times and availability are subject to change based on bookings.*

- Forms can be submitted at any time up to **4 days in advance (96 hours)** of your first booking to the front desk or via email to [childminding@trileisure.com](mailto:childminding@trileisure.com). Completed request forms are reviewed on a first come, first serve basis. **You will receive a contract via email to confirm your bookings.**
- **To secure your bookings, payment in full is due at least 4 days prior to your first booking.**

#### Cancellation policy:

- No credit or refund will be given for any no shows or cancellation at any time.

To cancel child minding bookings, call 780-948-3206 and leave a message stating **child's name, date, time of booking and your phone number**. Or email this information to [childminding@trileisure.com](mailto:childminding@trileisure.com)

### Child Minding Pre-Booking Request Form

Customer First & Last Name:		Main Phone Number:	Email:
Are you new to our Child Minding services? (Circle one) Yes      No		What are you doing in the facility while utilizing this service? <b>Please indicate if you are a staff member.</b>	
Child's Name:	Age:	Date of Birth:	___ Member      ___ Non Member
Child's Name:	Age:	Date of Birth:	___ Member      ___ Non Member
Child's Name:	Age:	Date of Birth:	___ Member      ___ Non Member
Child's Name:	Age:	Date of Birth:	___ Member      ___ Non Member

Date & Time Submitted:				(staff initial)	Office use only	
Child's Name	Day (s)	Date (s)	Time		Inputted	Contract #
MOUSE	Mon Wed Fri	Nov 01- Dec 31	8:45am - 10:15am (15 min increments)			

**\*\* No credit or refund will be given for any no shows or cancellation at any time \*\***

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**CONFIRMED BOOKING**

\*Confirmed by telephone and contract emailed \_\_\_\_\_

\*Confirmed via email with contract attached \_\_\_\_\_