Northwestern





Rev June 2018

Designation Form Northwestern University Employee/Student Verification

For Enrollment at the Northwestern Medicine Bernice E. Lavin Early Childhood Education Center

Please complete this form and return to:		Office of Work/Life & Family Resources 720 University Place, #106 Evanston, IL 60208 Email: worklife@northwestern.edu	
Today's Date:			
Your Name:*Any fee assistance received v	will be reflected on this pare	ent's paycheck as imputed inc	come
Northwestern Wildcard Em	ployee ID or Student ID	(7 digits):	
Name of child(ren) to be en	nrolled: 1)	2)	
Birthdate of child(ren) to b	e enrolled: 1)	2)	
Enrollee Start Date:			
Type of NU Affiliate (please	e check only ONE box):		
<u>Faculty</u>	<u>Staff</u>	Student*	<u>Affiliates</u>
□ Pritzker School of Law	□ Pritzker School of Law	□ Pritzker School of Law	☐ Shirley Ryan AbilityLab (formerly RIC)
□Feinberg School of Medicine (FSM)	School (FSM)	School (FSM)	☐ McGaw Medical Education (Residents only)*
☐ School of Prof Studies (SPS)	☐School of Prof Studies (SPS)	☐ School of Prof Studies (SPS)	
□ Northwestern Medical Group (NMG) Dual role with the University	□ Kellogg	□The Graduate School (TGS)	
□ Kellogg	□Other	□Kellogg	
☐ Other		□Other	
		*Graduation Date:	
Parent/Guardian Signature: Date:			
Please note that once this fapply for fee assistance. The enrollment or fee assistance Fees are set by the Bernice assistance award will be the	nis Designation Form does se award. All fee assistanc e E. Lavin Early Childhood	s not guarantee a place on ce is to be paid by Northwo I Education Center, and tu	the wait list, estern University.
FOR OFFICE USE ONLY The above applicant is a Nor	thwestern University affilia	te.	
	-	Date:	