

**Office Use Only**

Form Received: \_\_\_ / \_\_\_ / \_\_\_ Check #: \_\_\_\_\_

Group: \_\_\_\_\_ IMS# \_\_\_\_\_

Verified Employee Status



**Pre-Enrollment Application**

**NORTHWESTERN MEDICINE EARLY LEARNING CENTER YOU ARE YOU APPLYING TO**

- Bernice E. Lavin Early Learning Education Center (Chicago)
- Dearhaven Child Care and Learning Center (Lake Forest)
- Northwestern Medicine McHenry Hospital Childcare Center (McHenry)

**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_  Cell  Home

Company Name: \_\_\_\_\_

I am affiliated with Northwestern Medicine (See Back)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_  Cell  Home

Company Name: \_\_\_\_\_

I am affiliated with Northwestern Medicine (See Back)

**PARENT/GUARDIAN AFFILIATED WITH NORTHWESTERN MEDICINE WORK INFORMATION**

**E-mail communication will initially be via work e-mail, as this is a corporate benefit.**

Work Email: \_\_\_\_\_

Title or Position: Department: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

**CHILD'S INFORMATION**

Sibling Enrolled at our Center:  Yes  No Siblings Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth/Due Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth/Due Date: \_\_\_\_\_

**DAYS & HOURS OF CARE REQUESTED**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

What date would you like enrollment to begin? \_\_\_\_\_

**OVER**

**THIS FORM WILL ALLOW YOU TO BE REGISTERED AT UP TO THREE BRIGHT HORIZONS CENTERS.**

If you choose to take advantage of this, please list the other 2 centers you would like to register at, so that we may contact them to let them know (additional fees may apply).

1. \_\_\_\_\_ 2. \_\_\_\_\_

**EMPLOYEE VERIFICATION**

Primary Contact Full Name: \_\_\_\_\_

*(Person working for the hospital or hospital affiliate)*

**Employment Category (Check Only One and Fill In Your ID)**

- Employees of Northwestern Memorial HealthCare -----**NM ID#** \_\_\_\_\_
- McGaw Medical Education - interns, residents and fellows -----**NU WILD CARD ID#** \_\_\_\_\_
- Physicians of Northwestern Medical Group & Regional Medical Group-----**NM ID#** \_\_\_\_\_
- Northwestern Medicine Campus Partner (Select an option)
  - Employees and students of Northwestern University  
**NU WILD CARD ID#** \_\_\_\_\_
  - Employees and physicians of Lurie Children's Hospital  
**EMPLOYEE ID#** \_\_\_\_\_
  - Employees and physicians of Shirley Ryan Ability Lab  
**EMPLOYEE ID#** \_\_\_\_\_
  - Employees and physicians of Private Medical Practices (Non-NMG)  
**EMPLOYEE ID#** \_\_\_\_\_

*Please note that some positions and campus partners require additional paperwork for verification.*

- Community - Not Associated with Northwestern Medicine or Partner. Only at Dearhaven & McHenry centers

When your registration form and fee are received, you will be placed on a waiting list.  
You will be contacted regarding the availability of space and the enrollment process.  
Prior to enrollment, the Center Director will schedule a time for you to meet with your child's primary caregivers to learn more about Bright Horizons' program and develop a visitation schedule for you and your child.  
The Director will review the parent/guardian policies/procedures and enrollment forms at that time.

**A non-refundable registration fee per child must be paid by check or money order to the center.  
Once this form and payment is received, you will be added to the waitlist.  
Online registration is available for families whose employment is verified.**

**PLEASE RETURN FORM AND NON-REFUNDABLE REGISTRATION FEE PER CHILD TO:**

Bernice E. Lavin Early Childhood Education Center  
441 East Ontario Chicago, Illinois 60611 | 312-926-5437 | northwestern@brighthorizons.com

Dearhaven Child Care and Learning Center  
1100 N Westmoreland Rd, Lake Forest, IL 60045 | 847-535-6175 | nlfh@brighthorizons.com

Northwestern Medicine McHenry Hospital Childcare Center  
4201 Medical Center Drive McHenry, IL 60050 | 815-363-2356 | nmmchenry@brighthorizons.com