Northwestern





RevDec2017

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	nt's paycheck as imputed inc	come
Northwestern Wildcard Em	ployee ID or Student ID ((7 digits):	
Name of child(ren) to be enrolled: 1) 2)			
Birthdate of child(ren) to be enrolled: 1) 2)			
Enrollee Start Date: Type of NU Affiliate (please 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)		□Feinberg School of Medical School (FSM)	☐ McGaw Medical Education (Residents only)*
☐ School of Prof Studies (SPS)		☐ School of Prof Studies (SPS)	,
□ Northwestern Medical Group (NMG)	☐ Northwestern Medical Group (NMG)	□The Graduate School (TGS)	
□ Kellogg	☐ Kellogg	□Kellogg	
☐ Other	□Other	□Other	
*Graduation Date:			
Parent/Guardian Signature:		Date:	
Please note that once this tapply for fee assistance. The enrollment or fee assistance Fees are set by the Bernice assistance award will be the FOR OFFICE USE ONLY The above applicant is a Nor	nis Designation Form does te award. All fee assistance E. Lavin Early Childhood e responsibility of the app	s not guarantee a place or se is to be paid by Northwe Education Center, and tu plicant.	the wait list, estern University.
Northwestern Verification Signature:Date:			Date: