

Office Use Only

Form Received: ____ / ____ / ____ Check #: _____

Group: _____ IMS# _____

Verified Employee Status ☐



Pre-Enrollment Application for Bernice E. Lavin Early Childhood Education Center

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

(Center is open between 6:30 am - 6:00 pm)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

What date would you like enrollment to begin? _____

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 FORM AT THE
NORTHWESTERN MEDICINE BERNICE E. LAVIN EARLY CHILDHOOD EDUCATION CENTER**

Primary Contact Full Name: _____

(Person working for the hospital or hospital affiliate)

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

- ☐ Northwestern Memorial Hospital, Northwestern Medical Group,
Northwestern Memorial Foundation and Northwestern Memorial HealthCare. -----NM ID# _____
- ☐ McGaw Medical Education - interns, residents and fellows. -----NU WILD CARD ID# _____
- ☐ Physicians of Northwestern Medical Group. -----NM ID# _____
- ☐ Employees and students of Northwestern University. -----NU WILD CARD ID# _____
- ☐ Employees and physicians of Shirley Ryan Ability Lab. -----SRALAB ID# _____
- ☐ Employees and physicians of Lurie Children's Hospital. -----LURIE 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.

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.

**The \$100.00 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.**

PLEASE RETURN FORM AND \$100.00 NON-REFUNDABLE REGISTRATION FEE PER CHILD TO:

Bernice E. Lavin Early Childhood Education Center
441 East Ontario Chicago, Illinois 60611 | Phone: 312.926.5437