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 will be reflected on this parent’s paycheck as imputed income

Northwestern Wildcard Employee 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):

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Staff</th>
<th>Student*</th>
<th>Affiliates</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Pritzker School of Law</td>
<td>☐ Pritzker School of Law</td>
<td>☐ Pritzker School of Law</td>
<td>☐ Shirley Ryan AbilityLab (formerly RIC)</td>
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<tr>
<td>☐ Feinberg School of Medicine (FSM)</td>
<td>☐ Feinberg School of Medicine School (FSM)</td>
<td>☐ Feinberg School of Medicine School (FSM)</td>
<td>☐ McGaw Medical Education (Residents only)*</td>
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<td>☐ School of Prof Studies (SPS)</td>
<td>☐ School of Prof Studies (SPS)</td>
<td>☐ School of Prof Studies (SPS)</td>
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<tr>
<td>☐ Northwestern Medical Group (NMG) Dual role with the University</td>
<td>☐ Kellogg</td>
<td>☐ The Graduate School (TGS)</td>
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<td>☐ Kellogg</td>
<td>☐ Other _________</td>
<td>☐ Kellogg</td>
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<td>☐ Other _________</td>
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</tbody>
</table>

*Graduation Date: _______________________

Parent/Guardian Signature: ___________________________ Date: ____________

Please note that once this form has been approved, additional forms will be required in order to apply for fee assistance. This Designation Form does not guarantee a place on the wait list, enrollment or fee assistance award. All fee assistance is to be paid by Northwestern University. Fees are set by the Bernice E. Lavin Early Childhood Education Center, and tuition after fee assistance award will be the responsibility of the applicant.

FOR OFFICE USE ONLY
The above applicant is a Northwestern University affiliate.

Northwestern Verification Signature: ___________________________ Date: ____________

Rev June 2018