



Designation Form Northwestern University Employee Verification

Please complete the top portion of this form and return to:

Work/Life Resources
Northwestern University
720 University Place, Room 106
Evanston, IL 60208
magda.fong@northwestern.edu

Today's Date: _____

Your Name: _____

Your NU Affiliate Number / Employee ID#: _____

Name of child(ren) to be enrolled: _____

Birthdate of child(ren) to be enrolled: _____

Enrollee Start Date: _____

Type of NU Affiliate (please check only ONE box):

- | | | | | | | |
|---|-----|---|-----|---|-----|--------------------------------|
| Faculty | | Staff | | Student* | | Affiliate |
| <input type="checkbox"/> Law School | ... | <input type="checkbox"/> Law School | ... | <input type="checkbox"/> Law School | ... | <input type="checkbox"/> RIC |
| <input type="checkbox"/> Medical School | ... | <input type="checkbox"/> Medical School | ... | <input type="checkbox"/> Medical School | ... | <input type="checkbox"/> McGaw |
| <input type="checkbox"/> Continuing Studies | ... | <input type="checkbox"/> Continuing | ... | <input type="checkbox"/> Continuing | ... | |
| <input type="checkbox"/> NMFF | ... | <input type="checkbox"/> NMFF | ... | <input type="checkbox"/> Kellogg | ... | |
| <input type="checkbox"/> Other _____ | ... | <input type="checkbox"/> Other _____ | ... | <input type="checkbox"/> TGS | ... | |
| | | | | <input type="checkbox"/> Other _____ | ... | |

*Graduation Date: _____

Employees will be required to complete a University Children's Center's Enrollment Form, and are responsible for all fees not otherwise noted on this form. This Designation Form does not guarantee enrollment.

The above applicant is a NU Affiliate and is eligible for use of the specified Northwestern spaces and any subsidy noted on this form.

Your Signature: _____

Verification Signature: _____

For Center Use Only

Family #: _____

FT/PT Tuition Rate: _____

Center Director Signature: _____