Designation Form
Northwestern University Employee/Student Verification

Please complete this form and return to: Office of Work/Life & Family Resources
Northwestern University
720 University Place, #106, Evanston, IL 60208
or email: worklife@northwestern.edu

Today’s Date: _________________________

Your Name: ___________________________________________

*Any fee assistance received will be reflected on this parent’s paycheck as imputed income

University Student Number or Employee ID# (7 digits): ______________

Name of child(ren) to be enrolled: 1) ___________________ 2) ___________________

Birthdate of child(ren) to be enrolled: 1) ___________ 2) ________________

Enrollee Start Date: __________________________

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 (FSM)</td>
<td>☐ Feinberg School of Medicine (FSM)</td>
<td>☐ McGaw Medical Education (Residents only)*</td>
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<tr>
<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>
<td></td>
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<tr>
<td>☐ Kellogg</td>
<td>☐ Other University School/Department</td>
<td>☐ Other: ____________________</td>
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<td>☐ Other: _______________________</td>
<td>☐ Other: ____________________</td>
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</table>

**Graduation Date: ________________

Employees and Students 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 enroll your child at UCC or guarantee enrollment. Please contact UCC for enrollment procedures.

*Do you plan to apply for Fee Assistance? ☐ Yes ☐ No (only “University” faculty/staff/students eligible to apply)

Applicant Signature: ________________________________________________

The above applicant is a University affiliate and is eligible for use of the specified Northwestern spaces.

Northwestern University Verification Signature: _________________________ Date: _________________________

For UCC Use Only

Family #: ___________ FT/PT Tuition Rate: _________________________

Center Director Signature: _________________________________________

Rev. May 2018