

## 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](mailto: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.**

Faculty	Staff	Student**	Affiliates
<input type="checkbox"/> Pritzker School of Law	<input type="checkbox"/> Pritzker School of Law	<input type="checkbox"/> Pritzker School of Law	<input type="checkbox"/> Shirley Ryan AbilityLab (formerly RIC)
<input type="checkbox"/> Feinberg School of Medicine (FSM)	<input type="checkbox"/> Feinberg School of Medicine (FSM)	<input type="checkbox"/> Feinberg School of Medicine (FSM)	<input type="checkbox"/> McGaw Medical Education (Residents only)*
<input type="checkbox"/> School of Prof Studies (SPS)	<input type="checkbox"/> School of Prof Studies (SPS)	<input type="checkbox"/> School of Prof Studies (SPS)	/
<input type="checkbox"/> Northwestern Medical Group (NMG) <b>Dual role with the University</b>	<input type="checkbox"/> Kellogg	<input type="checkbox"/> The Graduate School (TGS)	/
<input type="checkbox"/> Kellogg	<input type="checkbox"/> Other University School/Department	<input type="checkbox"/> Kellogg	/
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	

\*\*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:** \_\_\_\_\_

<b>For UCC Use Only</b>	
Family #: _____	FT/PT Tuition Rate: _____
Center Director Signature: _____	