

KinderCare@Work™

Designation Form Northwestern University Employee Verification

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

Chicago Human Resources
Attn: Work/Life Manager
710 N. Lake Shore Drive
Abbott Hall, room 150
Chicago, IL 60611

Date: ____/____/____

NU Affiliate Name: _____

NU Affiliate Number/Social Security Number: _____

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

Faculty

- Law School
- Medical School
- Continuing Studies
- NMFF
- Other _____

Staff

- Law School
- Medical School
- Continuing Studies
- NMFF
- Other _____

Student

- Law School
- Medical School
- Continuing Studies
- Other _____

Enrollee Start Date: ____/____/____

		For Office Use Only	
Student Name	Student's Age/ Classroom	Weekly Fee Assistance (if applicable)*	Adjusted Weekly Tuition

*All fee assistance is to be paid by Northwestern University.

NU Affiliates will be required to complete KinderCare's Enrollment Form, and is 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.

Verification Signature: _____

Parent/NU Affiliate Signature: _____

For Center Use Only

Family#: _____

Tuition Rate: \$ _____

Center Director Signature: _____

**Once Form is completed, please fax to Julia Tonder in Corporate Accounting at 503.872.1349*