

# KinderCare@Work™

## Designation Form Northwestern University Employee Verification

Please complete the top portion of this form and return it to: Director, Worklife Resources,  
Northwestern University  
720 University Place, Rm 106  
Evanston, IL 60208

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name	Student's Age	Fee Assistance (if applicable)*

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

*Employees 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#: \_\_\_\_\_

FT/PT Tuition Rate: \$ \_\_\_\_\_

Center Director Signature: \_\_\_\_\_