

Office Use Only

Form Received: ____/____/____

Check #: _____

Group _____

IMS# _____

Verified Employee Status ☐**Pre-Enrollment Application**
Bernice E. Lavin Early Education Center**PARENT/GUARDIAN INFORMATION**

Name: _____

Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Phone: _____ ☐ Cell ☐ Home

Company Name: _____

☐ I am affiliated with Northwestern Medicine (See Back)

Name: _____

Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Phone: _____ ☐ Cell ☐ Home

Company Name: _____

☐ I am affiliated with Northwestern Medicine (See Back)**PARENT GUARDIAN AFFILIATED WITH NORTHWESTERN MEDICINE WORK INFORMATION**

E-mail communication will initially be via work e-mail, as this is a corporate benefit.

Work Email: _____

Title or Position: _____ Department: _____

Work Address: _____

Work Phone: _____ Extension: _____

Supervisor: _____ Phone: _____ Extension: _____

CHILD'S INFORMATIONSibling Enrolled at our Center: ☐ Yes ☐ No Siblings Name: _____

Child's Name: _____ Birth/Due Date: _____

Child's Name: _____ Birth/Due Date: _____

DAYS & HOURS OF CARE REQUESTED

(Center is open between 6:30 am - 6:00 pm)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

What date would you like enrollment to begin? _____

The \$100.00 non-refundable registration fee per child must be paid by check to the center.
Once this form and payment is received, you will be added to the waitlist.

Please return form and \$100.00 Non Refundable Registration Fee Per Child to:

Bernice E. Lavin Early Childhood Education Center

441 East Ontario Chicago, Illinois 60611 • E-Mail BobbyD@belecec.org • Phone: 312-926-5437 (6-KIDS)

Employee Verification Form For Enrollment at the Northwestern Medicine Bernice E. Lavin Early Childhood Education Center

Primary Contact Full Name: _____
(Person working for the hospital or hospital affiliate)

Employee ID Found on Paystub: _____

IF APPLICABLE NU ID #/Wild Card ID# (7 digits): _____

Employment Category (Check Only One)

- ☐ A. Northwestern Memorial Hospital, Northwestern Medical Group,
Northwestern Memorial Foundation and Northwestern Memorial HealthCare.
- ☐ B. McGaw Medical Education - interns, residents and fellows.
- ☐ C. Physicians of Northwestern Medical Group.
- ☐ D. Employees and students of Northwestern University.
- ☐ E. Employees and physicians of Shirley Ryan Ability Lab.
- ☐ F. Lurie Children's Hospital.
- ☐ G. Physicians and employees of private medical practices (non-NMG).

Name of Child(ren)	Date of Birth

Desired Start Date of Child(ren) at BELECEC: _____

Northwestern University Affiliation (Please circle one from each group below)

Faculty Staff Student*

Full Time Part Time

Department/School _____

(Students only*) Graduation Date _____

Parent/Guardian Signature: _____ Date: _____

*This Designation Form does not guarantee a place on the wait list, enrollment, or fee assistance award.
Fees are set by the Bernice E. Lavin Early Childhood Education Center.*

FOR OFFICE USE ONLY

The above applicant has been verified in the correct employment category above.

Verification Signature: _____ Date: _____