

## **REGISTRATION FORM**

I the undersigned	1	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	
☐ Professor	☐ Staff member	☐ researcher	☐ Fellow	□ other	
Department/Serv	rice	Reference p	erson at the E	≣.U.I	ı
Wish to register r	my child (children):				
Name	First name	Date of	of birth	Nationality	
			•••••	•••••	
For the crèche of	the European Univ	versity Institute fo	r the academ	ic year:_ <b>2021/2022</b>	
Planned attenda	ance: REGULAR		CASIONAL		
of Decision 2/	18 of the Secretary	General of 13 Ju	ly 2018 (Deci		as
> I declare that t	the parents joint m	ontniy net incom	ne coincides v —	vitn:	
	A B		D E (	<u>rates)</u>	
(The Administration and is not provable, rate E	e of the establishing d Personnel Service, in case E will be applied). For more of ii.eu/About/DataProtect	of necessity, will request detailed information on pe	documents proving	the declared income. In the case that to on at the EUI please consult the follow.	his ing
		Payment:			
	e the sum owed to				
☐ I undertal Institute	ke to pay by bank	transfer within 3	30 days befo	re my departure from th	e
	e my debts, I will in <u>Deui.eu)</u> at least 30				
Address in Florer	nce:				
E-mail		Mobile	e phone		
Telephone numb	er for emergencies				
Florence,	Siç	gnature			_