



APPLICANT

FULL NAME:

IDENTITY CARD / PASSPORT NUMBER:

DATE OF BIRTH:

APPLICANT'S SIGNATURE:

PARENT / GUARDIAN

FULL NAME:

IDENTITY CARD / PASSPORT NUMBER:

AS FATHER / MOTHER / GUARDIAN OF THE STUDENT(FULL NAME) I
ACCEPT THE CONDITIONS RELATING TO THE MONTESSORI EUROPE CONGRESS DURING THE PERIOD
FROM(DATE) TO(DATE) IN GDANSK, POLAND.

I DECLARE THAT I HAVE READ AND ACCEPT THE CONDITIONS SET OUT FOR PARTICIPANTS AND CONFIRM
THE AUTHENTICITY OF THE INFORMATION INCLUDED ON THE REGISTRATION FORM.

PARENTS' SIGNATURE

Please sign and return a scanned copy by email to: wendelien.bellinger@montessori-europe.net