



**THE MONTESSORI  
SCHOOL  
GENEVA**

## **Summer School 2025**

### **In the ocean**

June 30<sup>th</sup> to July 4<sup>th</sup>

Child's Name & Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent 1 phone number: \_\_\_\_\_

Parent 2 phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Any medical conditions we should know about:

\_\_\_\_\_

Any items of food which your child can/should not eat :

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Monday to Friday – 9 am to 4 pm - CHF 350.- /week**

the payment will confirm the inscription – no refunds

by TWINT 0786054131 or IBAN CH11 0021 5215 1988 2201 Y

**The Montessori School Geneva Sàrl**

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