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## CHILDREN

**LAST NAME:**

### 1. NAME:

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Schedule and Activities:

Allergies/Health/Other:

### 2. NAME:

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Schedule and Activities:

Allergies/Health/Other:

**OTHER FAMILY NOTES: (HOW CHILDREN GET ALONG, ETC.)**

**3. NAME:**

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Schedule and Activities:

Allergies/Health/Other:

**4. NAME:**

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Schedule and Activities:

Allergies/Health/Other:

**5. NAME:**

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Schedule and Activities:

Allergies/Health/Other: