



Holy Cross Stars Academy

Where Every Child Shines

## Registration Form 2023-2024

*(Please print legibly)*

Child's Full Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Contact Phone: (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Contact Phone: (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Father's Email: \_\_\_\_\_

Does your child have any allergies or medical conditions we need to be aware of?

\_\_\_\_\_

Does your child receive related services (i.e., speech, occupational therapy, physical therapy, or any academic support services)? \_\_\_\_\_

Holy Cross Stewardship Number (if applicable) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GREEK ORTHODOX COMMUNITY OF WHITESTONE, INC.

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