



DOCUMENTATION NEEDED AT TIME OF REGISTRATION

- Birth Certificate (original or notarized copy)
- Immunization Record from birth to present
- Baptismal Certificate (original) if child is baptized Catholic
 - Registration fee of \$300 (non-refundable)
- For students entering grade 2 through 8: (1) Recent report card and test scores from the school they are transferring from and (2) Letter from previous Catholic School or Religious Education Program stating the dates of: First Communion, Reconciliation and/or Confirmation.
- Current Individualized Education Plan (IEP) if applicable.
- Age Requirements: 3 year olds for Nursery must be 3 years old by December 31, 2024. Pre-Kindergarten must be 4 years old by December 31, 2024. Kindergarten must be 5 years old by December 31, 2024. Grade 1 must be 6 years old by December 31, 2024

ST. LUKE SCHOOL

16-01 150 PLACE ~ WHITESTONE, NEW YORK 11357 ~ 718-746-3833

2024/2025

TUITION RATES		
GRADE	CATHOLIC	NON-CATHOLIC
Terrific Two's	\$2900	\$2900
Tuesday/Thursday		
Tuesday/Thursday/Friday	\$3100	\$3100
NURSERY 3 FULL DAY	\$6550	\$6550
NURSERY 5 HALF DAY (AM)	\$6550	\$6550
NURSERY 5 FULL DAY – GRADE 8 ONE CHILD	\$6850	\$7700
NURSERY 5 FULL DAY – Grade 8 TWO CHILDREN	\$12,400	\$13,950
NURSERY 5 FULL DAY – Grade 8 THREE CHILDREN	\$17,650	\$19,800

SCHOOL FEES – (non refundable fees)		
Registration – Terrific Two's	\$100.00 Per Child	Due with Application
Registration Fee – N - 8 (New Students)	\$300.00 Per Child	Due with Application
Re-Registration Fee N – 7 (Current Students)	\$300.00 Per Child	Due February 15th

Tuition payments (N-8) can be made in 10 equal installments beginning August 1.

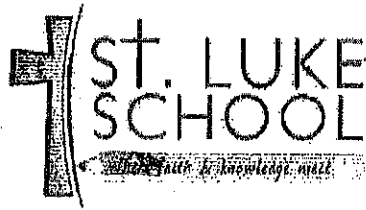
Tuition payments (Terrific Two's) can be made in 10 equal installments beginning August 1st.

Tuition is due the first of each month. A \$25.00 late fee will be charged to your account if payment is late.

No child will be admitted to class in September unless August payment has been made.

All accounts must be paid in full by June 1(Terrific Two's – 8)

A 5% discount will be given for tuition paid in full



Tuition Information

All families must enroll in FACTS Tuition Management for the collection of tuition. FACTS is the company that manages Saint Luke's tuition billing and payment activities. Once you have registered, FACTS will send you an e-mail inviting you to open your account using a link provided in the email. Once you have followed the link, you will choose a payment option – either monthly debits, on-line payment, pay by mail, or pay over the phone. Cash will not be accepted for tuition payments. FACTS will automatically bill and provide monthly statements, secure on-line access to your account and a phone number to contact a representative if needed. There is no cost to you as the Diocese will pay for the service directly. Partial tuition assistance is available through Futures in Education. To apply, go to Futures in Education at www.futuresineducation.org. The deadline to apply is July 24th.

Tuition fees and information can be found on our website at slswhitesone.org. Click on "Admissions," then "Tuition."

2024-2025

Tuition Assistance Available

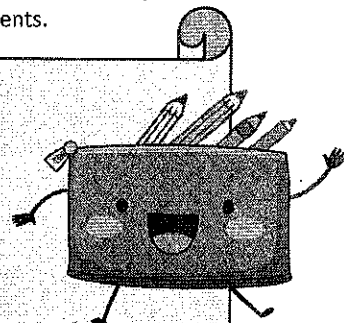
Financial aid is available for eligible students in grades K-8 who attend a Brooklyn or Queens Catholic School or Academy.

***To be eligible, families Must:** 1. Enroll student(s) in a Brooklyn or Queens Catholic elementary school/academy.
2. Complete the financial aid application and submit all required documents. 3. Meet financial need requirements.

APPLY ONLINE

Starting Monday, January 15, 2024, Visit www.Futuresineducation.org
From the menu, Click **Scholarships** -> **APPLY NOW!**

Note: Returning Teddy J. Forstmann recipients will receive instructions from Children's Scholarship Fund in February 2024. **Do not apply through FACTS!**



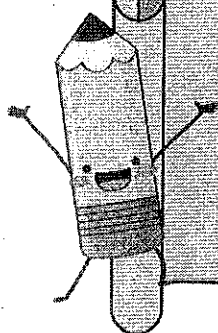
MEET YOUR DEADLINES!

March 31, 2024

*Families who received an award
last academic year*

April 30, 2024

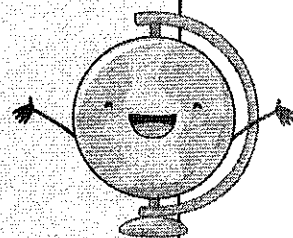
New Applicants



NEED HELP?

FACTS is the third-party vendor selected by Futures in Education to conduct fair and confidential Financial need assessments for families applying for tuition assistance.

- **FACTS applicant support:** [Phone 866-441-4637](tel:866-441-4637)
- **M-Th 8:30am-8pm Est / Fri 8:30am-6pm Est**
- **Email at info@factstuitionaid.com**
-

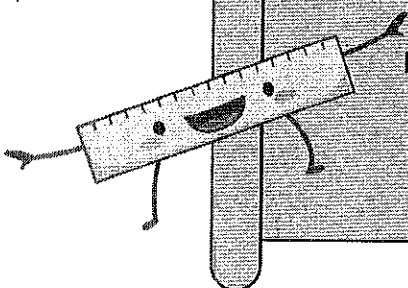


MORE INFORMATION

Futures in Education: www.futuresineducation.org **Call:** 718.965.7340

Children's Scholarship Fund: www.scholarshipfund.org

Note: There is a non-refundable \$40 application processing fee payable by credit card.
Applications are available online in English and Spanish



Registration Form
ST LUKE SCHOOL - WHITESTONE, NEW YORK

Grade Level you are applying for: _____

1 of 2

Student Information

First Name _____ Middle Initial: _____ Last Name _____

Family Last Name _____

Circle one Male Female Birth date: _____ Age _____
mm/dd/yyyy

Mailing Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone # _____

Family Main E-mail Address _____ @ _____

What is the city, state, country where this student was born? _____
City _____ State _____

What is the primary language that is spoken in your home? _____

Ethnicity _____ PUBLIC SCHOOL DISTRICT CODE _____

How many children in your family? _____ How many attend St. Luke School? _____

PREVIOUS SCHOOL INFORMATION

Name of School _____ Location _____

Does this student have an Individualized Education Plan (IEP) on file? Yes No

Religious Affiliation

Catholic? _____ Non-Catholic? _____
Religion if Non-Catholic? _____

What is the name of the church where this student currently worships? _____

Baptism Information:

_____ _____
Date Name of Church

If the student has received any of the following sacraments of the Catholic Church, please enter the dates and names of the church:

Penance _____
mm/dd/yyyy Name of Church

Communion: _____
mm/dd/yyyy Name of Church

Confirmation: _____
mm/dd/yyyy Name of Church

What was the date of this student's first polio vaccine shot? _____

Family Information

2 of 2

Family Member 1 (This is the primary care taker of the student and resides with the student)

Title: _____ (Mr., Mrs., Dr., Ms., etc.)

What is this person's relationship to the student: (mother, father, grand mother, aunt, etc)

First Name _____ Middle Initial _____

Last Name _____ Maiden Name _____

Work Phone (____) _____ - _____ Phone Extension _____

Occupation _____ Employer _____

Religion _____ (Catholic or Non-Catholic)

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Home Email _____ Work Email _____

Family Member 2 (the person listed here should reside at the same address as Family Member 1 and the student)

Title: _____ (Mr., Mrs., Dr., Ms., etc.)

What is this person's relationship to the student: (mother, step father, grand mother, aunt, etc)

First Name _____ Middle Initial _____

Last Name _____ Maiden Name _____

Work Phone (____) _____ - _____ Phone Extension _____

Occupation _____ Employer _____

Religion _____ (Catholic or Non-Catholic)

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Home Email _____ Work Email _____

DOCUMENTATION NEEDED – for verification purposes only, we are required to inspect the following original documents

ORIGINAL Birth Certificate

ORIGINAL Baptismal Certificate

ORIGINAL First Communion Certificate

Photo or duplicate copy of the latest Report Card

Standardized Test Results (grades 3 – 8)

Health Records (form given at registration to be filled out completely by your Physician)

TO BE COMPLETED BY THE PARENT OR GUARDIAN

Child's Last Name		First Name		Middle Name	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month/Day/Year)
Child's Address					Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other
City/Borough	State	Zip Code	School/Center/Camp Name		District Number	Phone Numbers Home _____ Cell _____ Work _____
Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No (including Medicaid)? <input type="checkbox"/> No		Parent/Guardian Last Name		First Name	Email	
		Foster Parent				

TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER

Birth history (age 0-6 yrs)		Does the child/adolescent have a past or present medical history of the following?			
<input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____ Allergies <input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed <input type="checkbox"/> Drugs (list) _____ <input type="checkbox"/> Foods (list) _____ <input type="checkbox"/> Other (list) _____ Attach MAP if in-school medications needed		<input type="checkbox"/> Asthma (check severity and attach MAP): <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent If persistent, check all current medication(s): <input type="checkbox"/> Quick Relief Medication <input type="checkbox"/> Inhaled Corticosteroid <input type="checkbox"/> Oral Steroid <input type="checkbox"/> Other Controller <input type="checkbox"/> None Asthma Control Status <input type="checkbox"/> Well-controlled <input type="checkbox"/> Poorly Controlled or Not Controlled <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Behavioral/mental health disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Hospitalization <input type="checkbox"/> Diabetes (attach MAP) <input type="checkbox"/> Surgery <input type="checkbox"/> Orthopedic injury/disability <input type="checkbox"/> Other (specify) _____ Explain all checked items above. <input type="checkbox"/> Addendum attached.			
PHYSICAL EXAM Date of Exam: ____/____/____ Height _____ cm (____ %ile) Weight _____ kg (____ %ile) BMI _____ kg/m ² (____ %ile) Head Circumference (age ≤ 2 yrs) _____ cm (____ %ile) Blood Pressure (age ≥ 3 yrs) ____/____		General Appearance: <input type="checkbox"/> Physical Exam WNL <input type="checkbox"/> Abn <input type="checkbox"/> HEENT <input type="checkbox"/> Abn <input type="checkbox"/> Lymph nodes <input type="checkbox"/> Abn <input type="checkbox"/> Abdomen <input type="checkbox"/> Abn <input type="checkbox"/> Skin <input type="checkbox"/> Psychosocial Development <input type="checkbox"/> HEENT <input type="checkbox"/> Abn <input type="checkbox"/> Lungs <input type="checkbox"/> Abn <input type="checkbox"/> Genitourinary <input type="checkbox"/> Abn <input type="checkbox"/> Neurological <input type="checkbox"/> Language <input type="checkbox"/> Dental <input type="checkbox"/> Abn <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Abn <input type="checkbox"/> Extremities <input type="checkbox"/> Abn <input type="checkbox"/> Back/Spine <input type="checkbox"/> Behavioral <input type="checkbox"/> Neck <input type="checkbox"/> Abn <input type="checkbox"/> Back/Spine			
DEVELOPMENTAL (age 0-6 yrs) Validated Screening Tool Used? _____ Date Screened ____/____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No Screening Results: <input type="checkbox"/> WNL <input type="checkbox"/> Delay or Concern Suspected/Confirmed (specify areas) below: <input type="checkbox"/> Cognitive/Problem Solving <input type="checkbox"/> Adaptive/Self-Help <input type="checkbox"/> Communication/Language <input type="checkbox"/> Gross Motor/Fine Motor <input type="checkbox"/> Social-Emotional or Personal-Social <input type="checkbox"/> Other Area of Concern: _____		Nutrition < 1 year <input type="checkbox"/> Breastfed <input type="checkbox"/> Formula <input type="checkbox"/> Both ≥ 1 year <input type="checkbox"/> Well-balanced <input type="checkbox"/> Needs guidance <input type="checkbox"/> Counselor <input type="checkbox"/> Referred Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ SCREENING TESTS Date Done ____/____/____ Results _____ Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk) _____ µg/dL Lead Risk Assessment (annually, age 6 mo-6 yrs) <input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk Hemoglobin or Hematocrit _____ g/dL % Child Care Only _____			
Describe Suspected Delay or Concern: _____ Child Receives EUC/SECSE services <input type="checkbox"/> Yes <input type="checkbox"/> No CIR Number _____		Hearing Date Done ____/____/____ Results _____ < 4 years: gross hearing <input type="checkbox"/> NI <input type="checkbox"/> Abn <input type="checkbox"/> Referred OAE <input type="checkbox"/> NI <input type="checkbox"/> Abn <input type="checkbox"/> Referred ≥ 4 yrs: pure tone audiometry <input type="checkbox"/> NI <input type="checkbox"/> Abn <input type="checkbox"/> Referred Vision Date Done ____/____/____ Results _____ < 3 years: Vision appears: <input type="checkbox"/> NI <input type="checkbox"/> Abn Acuity (required for new entrants and children age 3-7 years) Right _____ Left _____ Screened with Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Strabismus? <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Visible Tooth Decay <input type="checkbox"/> Yes <input type="checkbox"/> No Urgent need for dental referral (pain, swelling, infection) <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Visit within the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No			

Physician Confirmed History of Varicella Infection ☐

Report only positive immunity:

IMMUNIZATIONS - DATES		Report only positive immunity:	
DTP/DTaP/DT Td _____ Polio _____ Hep B _____ Hib _____ PCV _____ Influenza _____ HPV _____		Hepatitis B _____ Measles _____ Mumps _____ Rubella _____ Varicella _____ Polio 1 _____ Polio 2 _____ Polio 3 _____	
MMR _____ Varicella _____ Mening ACWY _____ Hep A _____ Rotavirus _____ Mening B _____ Other _____			

ASSESSMENT <input type="checkbox"/> Well Child (Z00.129) <input type="checkbox"/> Diagnoses/Problems (list) _____ ICD-10 Code _____	RECOMMENDATIONS <input type="checkbox"/> Full physical activity <input type="checkbox"/> Restrictions (specify) _____ Follow-up Needed <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ Appl. date: ____/____/____ Referral(s): <input type="checkbox"/> None <input type="checkbox"/> Early Intervention <input type="checkbox"/> IEP <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____
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Health Care Practitioner Signature		Date Form Completed ____/____/____	DO NOT WRITE IN THESE SPACES
Health Care Practitioner Name and Degree (print)		Practitioner License No. and State	TYPE OF EXAM: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s)
Facility Name		National Provider Identifier (NPI)	Comments:
Address		City	Date Reviewed: ____/____/____
Telephone		Fax	REVIEWER: _____
Email		Zip	FORM ID# _____



OUR NEW ST. LUKE'S FAMILIES

PLEASE VISIT OUR SCHOOL WEBSITE

WWW.SLSWHITESTONE.ORG

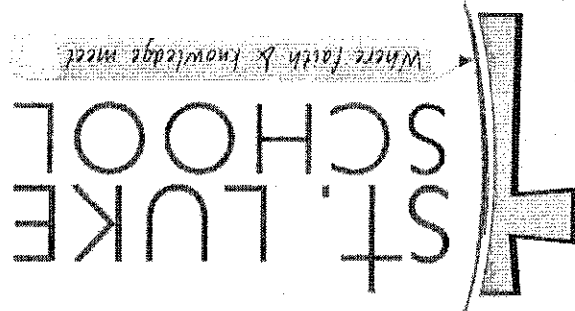
THROUGHOUT THE SUMMER MONTHS (AND DURING THE SCHOOL YEAR)
FOR UP-TO-DATE INFORMATION.

ALL CORRESPONDENCE WITH OUR FAMILIES
WILL BE POSTED ON THE WEBSITE.

CLICK ON THE HOMEWORK TAB
FOR SUMMER WORK AND SUPPLY LISTS FOR EACH GRADE.

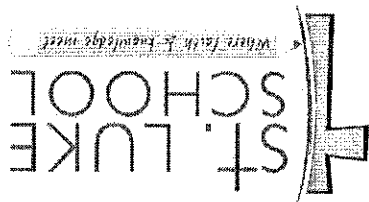
CLICK ON THE PARENTS TAB - FAMILY eENVELOPE
FOR UP-TO-DATE INFORMATION
(PASSWORD IS 22luke\$)

THE ST. LUKE SCHOOL WEBSITE IS THE PLACE TO VISIT TO KEEP
CURRENT ON ALL SCHOOL INFORMATION.



Saint Luke School's Terrific Twos program (formerly Tiny Tots) is a gentle, nurturing, and fun learning environment and gentle separation program for children two to three years old. Children must be turning two by 12/31/24 in order to register. The program is taught by an experienced early childhood teacher. Children are engaged in early literacy activities including name recognition, alphabet learning, shapes, numbers, calendar, songs, holidays and seasonal activities, crafts, music, and movement. Please see requirements, tuition, and registration information below.

- Children enrolling must be turning two by 12/31/24.
- One adult must remain in the building (lounge available) during the 90 minute class.
- The program uses a separate entrance/exit and bathroom facilities. Adults and students may not utilize the rest of the building.
- Ample parking is available.
- Non-refundable registration fee of \$100 is due at the time of registration, along with a registration form, birth certificate, and updated health form/vaccination records.
- Program runs from September to June.
- Tuition is \$2,900 for the year for two days and \$3,100 for three days, payable in monthly installments, quarterly installments, or one payment for the year. A 5% discount will be given to anyone who pays in full.
- All sessions are either two days per week (Tuesdays and Thursdays) from 9-10:30 am or 10:45-12:15 pm OR three days per week (Tuesdays, Thursdays, and Fridays) from 9-10:30 am or 10:45-12:15 pm.
- Refunds are not given for missed sessions, but can transfer to one Wiggles and Giggles session (Wednesdays) for the day missed.
- Tuition and registration will take place through the FACTS portal.
- Program calendar and supply information will be given at the first session.



Terrific Twos Registration Form

Child's First Name: _____ Last Name: _____

DOB: _____ Age: _____

Home Address: _____

Home Phone Number: _____

Email Address: _____

Mother's First and Last Name: _____

Mother's Cell Number: _____

Father's First and Last Name: _____

Father's Cell Number: _____

Adult's Name who will remain in the building: _____

Cell phone number of adult remaining in the building: _____

Pediatrician name and phone number: _____

Allergies/Medical concerns: _____