



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 Tuesday/Thursday	\$2900	\$2900
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.

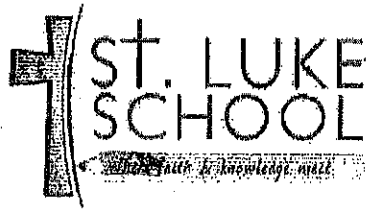
Tuition payments (Terrific Two's) can be made in 10 equal installments beginning August 1st.

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

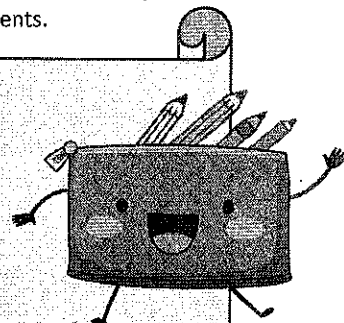
Financial aid is available for eligible students in grades K-8 who attend a Brooklyn or Queens Catholic School or Academy.

***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!**



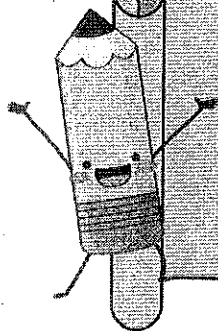
MEET YOUR DEADLINES!

March 31, 2024

*Families who received an award
last academic year*

April 30, 2024

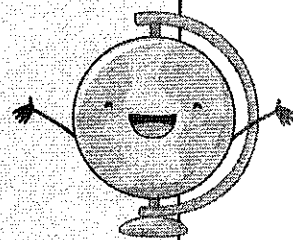
New Applicants



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**
- **M-Th 8:30am-8pm Est / Fri 8:30am-6pm Est**
- **Email at info@factstuitionaid.com**
-

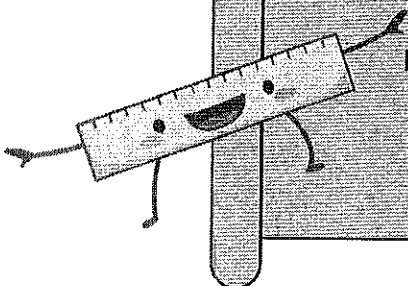


MORE INFORMATION

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, Date of Birth, Child's Address, City/Borough, State, Zip Code, School/Center/Camp Name, District Number, Phone Numbers, Health Insurance, Parent/Guardian Last Name, First Name, Email.

TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER

Birth history (age 0-6 yrs), Allergies, Attach MAF if in-school medications needed, Does the child/adolescent have a past or present medical history of the following? (Asthma, Anaphylaxis, Behavioral/mental health disorder, etc.)

PHYSICAL EXAM, Date of Exam, Height, Weight, BMI, Head Circumference, Blood Pressure, General Appearance, Describe abnormalities.

DEVELOPMENTAL (age 0-6 yrs), Validated Screening Tool Used?, Screening Results, Nutrition, Hearing, Vision, Dental.

Describe Suspected Delay or Concern, Child Receives EUCP/ECSE services, Physician Confirmed History of Varicella Infection, Report only positive immunity.

Table with columns for Immunizations - Dates (DTaP, Polio, Hep B, Hib, PCV, Influenza, HPV) and IgG Titers (Hepatitis B, Measles, Mumps, Rubella, Varicella, Polio 1, Polio 2, Polio 3).

ASSESSMENT (Well Child (Z00.129) or Diagnoses/Problems (list)), ICD-10 Code, RECOMMENDATIONS (Full physical activity, Follow-up Needed, Referral(s)).

Health Care Practitioner Signature, Date Form Completed, Health Care Practitioner Name and Degree, Practitioner License No. and State, Facility Name, National Provider Identifier (NPI), Address, City, State, Zip, Telephone, Fax, Email, TYPE OF EXAM, Date Reviewed, REVIEWER, 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 12/31/25 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 12/31/25.
- 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: _____

2024-25 School Year

New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

All children must be age-appropriately immunized to attend school in New York State. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the [“ACIP-Recommended Child and Adolescent Immunization Schedule.”](#) Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes must meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

Vaccines	Pre Kindergarten (Day Care, Head Start, Nursery or Pre-K)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older	3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)³	Not applicable		1 dose	
Polio vaccine (IPV/OPV)⁴	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older		
Measles, Mumps and Rubella vaccine (MMR)⁵	1 dose	2 doses		
Hepatitis B vaccine⁶	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years		
Varicella (Chickenpox) vaccine⁷	1 dose	2 doses		
Meningococcal conjugate vaccine (MenACWY)⁸	Not applicable		Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib)⁹	1 to 4 doses	Not applicable		
Pneumococcal Conjugate vaccine (PCV)¹⁰	1 to 4 doses	Not applicable		

1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019, and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of

immunity to varicella.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)

a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be

- repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
- b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
 - c. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 10: 10 years; minimum age for grades 11 and 12: 7 years).
 - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
 - b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2024-25, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 10; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 11 and 12.
 - c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
 4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
 - c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
 - d. For children with a record of OPV, only trivalent OPV (tOPV) counts toward New York State school polio vaccine requirements. Doses of OPV given before April 1, 2016, should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016, must not be counted.
 5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
 - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. Measles: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
 - c. Mumps: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
 - d. Rubella: At least one dose is required for all grades (pre-kindergarten through 12).
 6. Hepatitis B vaccine
 - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
 - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
 7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
 - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
 8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7 through 11: 10 years; minimum age for grade 12: 6 weeks).
 - a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.
 - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
 - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.
 9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
 - c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
 - d. If dose 1 was received at 15 months or older, only 1 dose is required.
 - e. Hib vaccine is not required for children 5 years or older.
 - f. [For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.](#)
 10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
 - c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
 - d. If one dose of vaccine was received at 24 months or older, no further doses are required.
 - e. PCV is not required for children 5 years or older.
 - f. [For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.](#)

For further information, contact:

**New York State Department of Health
Division of Vaccine Excellence
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437**

**New York City Department of Health and Mental Hygiene
School Compliance Unit, Bureau of Immunization
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433**

New York State Department of Health/Division of Vaccine Excellence
health.ny.gov/immunization

