

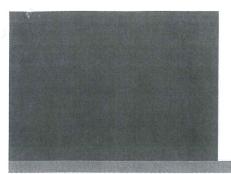
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SS. Peter & Paul School • 68 East Main Street • Hamburg, NY 14075 Phone (716) 649-7030 • Fax (716) 312-9313 • www.sspphamburg.org

The registration fee per family is non-refundable

<u>Pre-Kindergarten Registration Form</u> * A copy of your child's birth certificate is required when registering.

Date:	Gr	Grade Registering For: PreK 4				
Name of Student	ast .	First	Middle	Sex		
AddressNumber & Street	City		Zip C	ode		
				Cell Phone:		
Ethnicity	chnicity City of Birth		Date of Birth			
Emergency Contact Name			Relationship	Phone		
Signature:in the Parent Student handbook				pay tuition as refere	enced	
•New York State requires that a child be im	munized and proof of	immunizati	on must be presented at regist	ration (see Health Regulatio	ns). ***	
Were you referred by a current SSPP	family? YES	NO 🔲	Referring family name	2		
Mom's Email		_ Dad's	Email			
Public School District where yo	u reside					
Name of last school attended (i	f any)* <i>off</i>	icial Doc	umentation from previ	ous school is required	d	
Are there any educational						
<i>If yes</i> , please explain:						
Students with an IEP or 504 must so enrolling. Failure to do so will result	chedule an appoint t in enrollment not	ment with being acc	the School Principal to repted.	eview documents prior t	to	
Religion of: Student	Father		Mother	Mother		
Parish/Church					20	
ather's Name Mother's		r's Name				
		Maide	n Name			
Alumnus of SSPP? No Yes _	(year)	Alumn	us of SSPP? No Ye	s(year)		
Occupation		Occupa	ition			
Marital Status		Marita	l Status			
Present Legal Guardian						
Sacrament Received: Date	of Rantism		Name & City of Church	ch		





68 East Main Street Hamburg, NY 14075

716-649-7030

sspphamburg.org

January 25, 2023

Dear Parents,

The hard work and fundraising efforts of the Parish Guild have been phenomenal this past year. I am also very grateful to the parishioners of Saints Peter and Paul Parish for their generous support of the School. Working together we continue to strive to keep tuition affordable.

To continue to support the great work of our School, and after consultation with the School Board and Parish Finance Committee, I am announcing a slight tuition increase for next year. Please know that tuition and fees cover just 50% of the cost of educating your children.

For 2023-2024 K - 8 Tuition will be as follows:

One child

\$4395

Two children

\$7295

Three children

\$9095

Family

\$9595

For 2023-2024 Pre-K4 will be as follows:

Each child

\$ 4895

Please reregister your child/children by March 1st so that you may reserve their place and take advantage of the \$100 discount off the registration fee. We are also offering a new student referral credit of \$150 to the referring family. Children moving up from our PK4 to Kindergarten are eligible for a \$500 tuition credit.

Please contact the office for more details.

Saints Peter and Paul School is committed to helping families afford tuition. We encourage families to apply for both the Bison Children's Scholarship Fund and the Saints Peter and Paul Tuition Angels Aid.

For information about applying to the Bison Fund, please check:

www.bisonfund.com.

Please note the March 15, 2023 deadline for the Bison Scholarship applications for the 2023-2024 school year.

For the Saints Peter and Paul Tuition Angels Aid, please contact the school office or check our parish website at: https://sspphamburg.org/our-school/tuition-assistance/

We look forward to seeing all of you next school year.

Rev. Darrell Duffy

Pastor

Mandatory Physical Exam and Vaccination Information: 2022-23 School Year

New York State law requires that each child in a school district have a health examination including body mass index before entering school for the **first time**, and again **in grades Pre-k**, **K**, **1**, **3**, **5**, **7**. Students wishing to play interscholastic sports or requesting work permits must have an annual health exam. A dental exam form is also requested, but not required at these same times.

Your own health care provider is always the best choice for these exams. We encourage you to call early as it may take several weeks to schedule exams during the busy summer and fall months.

Vaccines are also required for school attendance. Please see the detailed information regarding Pre-K and Kindergarten, 6, 7th and 12th grade especially.

For additional information, we ask that you review the following documentation regarding vaccinations.

- New York State Immunization Requirements for School Entrance/Attendance
- New York State Center for School Health Health Examination FAQs
- Required NYS School Health Examination Form

If you have any questions please contact Tara Mandeville RN at

email: tmandeville@hcsdk12.org

Phone: 716-926-8536

Forms can be faxed:716-312-9313

Sport physical must be done yearly before the sport in order for them to be able to play

2021-22 School Year New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. 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 should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

	Head Start, Nursery or Pre-k)		and 11				
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 3 doses at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older					
Tetanus and Diphtheria toxold-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 vaccine ⁶	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) vaccine ⁷	1 dose	2 doses					
Meningococcal conjugate vaccine (MenACWY) ^s		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)°	1 to 4 doses	Not applicable					
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses	Not applicable					

