



132 Manchester Rd  
Mooroolbark VIC 3138

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ABN: 66 405 367 915  
Inc. Assoc. No: 66405367915

## EXPRESSION OF INTEREST REGISTRATION FORM

### OUR 3-YEAR-OLD PROGRAM FOR 2025 IS FULL

**PLEASE NOTE: This form is to register your interest in our kinder program in the event we have a cancellation - it does not GUARANTEE your child a place**

#### Session Required:

3-year old 2025

#### Child's Details:

Child's family name: \_\_\_\_\_

Child's given name: \_\_\_\_\_ Child's middle name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Female  Male

#### Parent / Guardian Details:

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: (Mobile) \_\_\_\_\_ Email address: \_\_\_\_\_

Language/s spoken at home: \_\_\_\_\_

1. Do you or your child hold a HCC or Pension Concession Card?  
(if YES, you will be required to provide a copy upon request)  Yes  No
2. Has a sibling/s attended Manchester Preschool in the past?  
(If yes to having a sibling attend MPS in the past, please provide the year and name of the sibling/s who attended.) \_\_\_\_\_  Yes  No
3. Is your child Aboriginal and/or Torres Strait Islander?  Yes  No
4. Are you or your child an Asylum Seeker or Refugee?  Yes  No
5. Does your child have a diagnosed disability?  
(If your child has a diagnosed disability, please briefly outline below any extra requirements if required)  
\_\_\_\_\_  Yes  No
6. Are you child's immunisations up to date?  Yes  No

**Completed expressions of interest may be submitted to Manchester Preschool Inc. in person, by mail or via email.**

**For any questions or to notify us of further information please call 9726 9204 or email**

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Date form completed: \_\_\_\_/\_\_\_\_/\_\_\_\_