



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 4-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:

4-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

enrol.manchester@kindergarten.vic.gov.au

Date form completed: ____/____/____