

**2026 EXPRESSION OF INTEREST REGISTRATION FORM**  
**PLEASE NOTE: This form is to register your interest in our kinder program**  
**it does not GUARANTEE your child a place**  
  
**Enrolments do not open until 26th May 2025, after this time you will be able to submit an enrolment application form. Manchester Preschool applies priority of access criteria as a part of our enrolment policy as stipulated by the Victorian Governmen**t <https://www.vic.gov.au/priority-access-criteria>

**Session Required:**

**4**-year old 2026

**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 an HCC or Pension Concession Card? Yes No  
   (if YES, you will be required to provide a copy upon request)
2. Has a sibling/s attended Manchester Preschool in the past? Yes No  
   (If yes to having a sibling attend MPS in the past, please provide the year and name of the sibling/s who attended.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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? Yes No

(If your child has a diagnosed disability, please briefly outline below any extra requirements if required)  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are your 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**](mailto:enrol.manchester@kindergarten.vic.gov.au)

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