



# Cheder Menachem of NJ

## חדר מנחם

ב"ה

### For Applying Anash Families:

Please fill out the following consent form and have it signed by your local or head Shliach:

Consent Form to be obtained from Local or Head Shliach

Applying Family Name: \_\_\_\_\_

City, State of Residence: \_\_\_\_\_

I, \_\_\_\_\_ do give consent for the children of  
(*Print name – Shliach*)

\_\_\_\_\_ to attend Cheder Menachem.  
(*Print name of applying Anash family*)

Signature: \_\_\_\_\_  
(*Signature of Head or Local Shliach*)

Date: \_\_\_\_\_

I understand that acceptance into Cheder Menachem does not mean that I or my children are Shluchim, or represent Chabad Lubavitch or their local or state institutions.

I understand that any actions on my part, or my husband's part to hinder or hurt the efforts of my local or statewide Chabad Center will result in the termination of the right for my children to attend Cheder Menachem, (subject to local or head Shliach determination).

\_\_\_\_\_

(*Signature of Applying Anash Family*)