

Church of the Resurrection
910 Boston Post Road
Rye, New York 10580
914-967-0142



Parish Registration
Please Print Clearly

Family Name _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parish Envelope Number if you are already registered: _____

Family Information (Please include Children if living at home)

Please indicate if your school age child(ren) attend Resurrection School, Resurrection Religious Education Program or another Religious Education Program.

	First Name Gender	Date of Birth	Baptized Y/N	Communion Y/N	Confirmation Y/N	School/ Rel Ed
Head of Household						
Spouse						
Child						
Child						
Child						
Child						
Child						
Child						

Please see reverse side

Home Phone: _____

Alternate Phone: _____

Email: _____

Alternate Email: _____

Parish Activities—Please indicate your interest (check as many as you wish)

___ Altar Server

___ Choir

___ Usher

___ Coffee Hour

___ Weekday Lector

___ Weekend Lector

___ Eucharistic Minister

___ Parish Council

___ Part of the Solution

___ Religious Education Program

___ Two Year Old Program

___ Religious Education Instructor

___ Resurrection School

Areas not covered above that you are interested in participating in:

Please sign me up for Flocknote: YES _____ | NO _____ (if yes, fill out below)

(Flocknote is a messaging tool used to keep in touch with Parishioners)

Contact #1: Name: _____ Cell phone: _____

Email: _____

Contact #2: Name: _____ Cell phone: _____

Email: _____

Please be assured that this information is **confidential** for our files only.

Date received _____ Envelope # _____ Entered by: _____
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