



# NEW YORK CHRISTIAN BIBLE COLLEGE

## Registration Form

9 Lorraine Ave Mount Vernon, NY 10550  
Dr. Rettie A. Winfield President & Founder  
Rev. Antoinette Cannaday D.D. Dean

Name \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female Age: \_\_\_\_\_

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

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Degree(s) now held: \_\_\_\_\_

Which Program would you like to enroll? \_\_\_\_\_

What name do you desire to appear on your Degree? (Please use exact spelling of your name)

\_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year). Social Security # \_\_\_\_\_

Down Payment: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

\$ \_\_\_\_\_ per month until balance is paid in full, according to CBC Cost Schedule. First payment is due thirty (30) days after initial registration arrangements; remaining payments due same date each month thereafter.