



RAY OF HOPE EDUCATIONAL SERVICES, LLC d/b/a

RAY OF HOPE ACADEMY

634 Main Street, Belgium, WI 53004

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AUXILIARY CLASS ENROLLMENT FORM

SCHOOL YEAR 2025

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ (Home); _____ (Cell)

Do you text? Yes No

Email _____

Class Title: _____

Class Fee: \$ _____ \$350.00/class (2 day classes) \$300.00 (2 day classes graduates)
\$250.00/class (1 day class); \$225.00 (1 day class graduates)
\$95.00 (1/2 day class); \$80.00 (1/2 day class graduates)

Date(s): _____

Location(s): Belgium or Port Washington, Wisconsin

Payment will be accepted in the form of Cash, Check, Zelle, Money Order (payable to Ray of Hope Educational Services, LLC), Credit/Debit Card Payment. This form must be received one week prior to the class with payment. Cash payments are to be made in person only. If Ray of Hope Academy cancels a class, your tuition will be refunded. Students, who do not show up for a class, will not be refunded. A 3.5% Fee will be added to Credit Card and Debit Card payments. Student will be responsible for any returned bank fees.

Signature: _____ Date: _____

Credit Card Information:

Type of Card: VISA, MC, AMER EX, DISCOVER, (Circle one)

Name on card _____

Card # _____

Expiration Date _____ CVV# _____ Zip Code: _____