



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 2026

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ (Home); \_\_\_\_\_ (Cell)

Do you text? ☐ Yes ☐ No

Email \_\_\_\_\_

**Class Title:** \_\_\_\_\_

**Class Fee: \$** \_\_\_\_\_ \$375.00/class (2 day classes) \$325.00 (2 day classes graduates)  
\$300.00/class (1 day class); \$250.00 (1 day class graduates)  
\$100.00 (1/2 day class); \$85.00 (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: \_\_\_\_\_