



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

RAY OF HOPE ACADEMY

634 Main Street, Belgium, WI 53004

Mailing Address: 640 Main Street, P. O. Box 161

Belgium, WI 53004-0161

ROHES2011@gmail.com (262) 221-8280

BASIC REFLEXOLOGY ENROLLMENT FORM SCHOOL YEAR 2026

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ (Home); _____ (Cell)

Email _____

Basic Reflexology Class Tuition: \$4,000.00 plus Book Fee of \$150.00

A deposit of \$1,000.00 (Basic Reflexology Deposit) plus a Textbook Fee (\$150.00) is required to enroll in the class.

Basic Reflexology Class starts an arranged date between student(s). If not paid in full, the balance of tuition is payable on a month payment plan of **\$375.00** per month on the first day of the month for 8 months. Additional tuition can be paid at any time. No interest is charged on the balance due.

Delinquent tuition payments and students who drop out of the program will be obligated to pay the balance of tuition owed. Students with delinquent tuition will not be able to participate unless the delinquency has been satisfied. Missing two classes will be means for dismissal but tuition will still be owed.

Payment will be accepted in the form of Check, Money Order (payable to Ray of Hope Educational Services, LLC), or Credit/Debit Card, Zelle, Venmo, and Cash. Cash payments are to be made in person only. **3.5% Service Fee added to all Credit Card or Debit Card payments.**

Date: _____

I agree to the terms stated above:



(Student Signature)

Check One: \$_____ ☐ Full Payment ☐ Partial Payment ☐ Payment Plan for 8 months.

THIS FORM MUST ACCOMPANY PAYMENT

Credit/Debit Card Information:

Name on card _____

Card # _____ Expiration Date _____

CVV# _____ Type of Card: Visa Mastercard Discover American Express

Zip Code: _____ Other: _____