



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 2027

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) *Early Bird \$295.00
\$225.00 (2 day classes ROHES Graduates)
\$325.00/class (1 day class); *Early Bird: \$275.00 day class)
\$225.00 (1 day class ROHES Graduates)
\$120.00 (1/2 day class); *Early Bird \$95.00 (1/2 day class)
\$75.00 (1 day class ROHES Graduates)

Date(s): _____

Location(s): Belgium or Port Washington, Wisconsin

***NOTE: Early Bird is three weeks prior to a class unless otherwise noted. EB excludes Graduates.**

This completed form must accompany payment. Payment will be accepted in the form of Cash, Check, Zelle, Venmo, Money Order (payable to Ray of Hope Educational Services, LLC), Credit/Debit Card 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: _____