



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

(414) 436-HOPE (4673) ROHES2011@gmail.com www.rayofhopeacademy.org Facebook

AUXILIARY CLASS ENROLLMENT FORM

SCHOOL YEAR 2024

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ (Home); _____ (Cell)

Do you text? Yes No

Email _____

Class Title: _____

Class Fee: \$ _____ \$250.00/class (2 day classes) \$190.00 (2 day classes graduates)
\$150.00/class (1 day class); \$115.00 (1 day class graduates)
\$85.00 (1/2 day class); \$65.00 (1/2 day class graduates)

Date(s): _____

Location(s): Belgium or Port Washington, Wisconsin

*Payment will be accepted in the form of Cash, Check, Money Order (payable to Ray of Hope Educational Services, LLC), or 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 return 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: _____