

Permission for Salon Services

Our facility offers professional hair care. We have found that our residents feel better about themselves after having their hair done. Their self esteem is increased as a result. Money will need to be deposited into this account at various times according to how much is spent in the Beauty Shop per month.

Resident's Name: _____ Room# _____
 Permission given by: _____ Phone# _____
 Current address (responsible party) _____ Date: _____

The following are the most commonly provided services. Please indicate with an X which services you wish to have done and how often:

	Shampoo/Set	\$12.00		Haircut	\$11.00
	Shampoo/Cut	\$13.00		Shampoo/Cut/Set	\$22.00
	Perm (includes cut)	\$50.00		Color/Shampoo/Set/HC	\$40.00
	Color (includes S/S)	\$35.00		Conditioner	\$2.00
	Shampoo	\$5.00		Shampoo/Blow-dry/Iron	\$12.00
	Deep Conditioner	\$7.00		Weekly Rinse	\$2.00
	Color only	\$30.00		Manicure	\$12.00
	Haircut	\$11.00		Comb Out Long Hair	\$9.00
	Comb outs	\$8.00		Comb Out Long /Up-do	\$15.00
	Double Color / SS	\$40.00		Double Color/SS/HC	\$45.00
	Beard Trim	\$5.00		Beard/Haircut	\$15.00
	Eyebrow Wax	\$7.00			

Services Declined / No Permission Given X _____
 (signature of responsible party)
 X _____
 (Date)

PLEASE REMEMBER THAT MONEY MUST BE IN THE RESIDENT'S ACCOUNT PRIOR TO GOING TO THE BEAUTY SHOP, OR PAID IN ADVANCE TO THE BEAUTICIAN VIA CASH OR CHECK MADE OUT TO STYLIST .

**ANY QUESTIONS SEE MARGIE AT THE RECEPTIONIST DESK,
 OR CALL 740-964-0803**