



**Batavia** Today's Date: \_\_\_\_\_

**Hours of Operation: 8:30 to 11:30 Monday**

**Permission for Hair Care Services**

**Beauty Salon**

Our facility offers professional hair care services. We have found that our residents feel better about themselves and their self esteem increases after having their hair done. Please complete the information below and return it to the facility. Charges for salon services will be deducted from the residents account at the facility. If resident does not have an account at the facility, services must be paid by check or cash on day of services.

**Resident:** \_\_\_\_\_

**Room#** \_\_\_\_\_

**ATTENTION: In room services will include an additional \$2.00 charge for services performed.**

**Services:**

Ladies Cut	14.00	_____
Shampoo, Conditioner and Product	5.00	_____
Shampoo & Blow Dry	15.00	_____
Shampoo & Set	15.00	_____
Shampoo, Cut, & Set	30.00	_____
Color & Shampoo	30.00 & up	_____
Color, Shampoo & Set	40.00 & up	_____
Color, Shampoo, Set & Cut	50.00 & up	_____
Perm & Cut	50.00	_____
Perm, Cut & Set	60.00	_____
Man's Hair Cut	10.00	_____
Mustache	1.00	_____
Beard & Mustache	6.00	_____

**Special Instructions for the Stylist:** \_\_\_\_\_  
\_\_\_\_\_

**Resident Funds:** \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Personal Check:** \_\_\_\_\_

**Permission given by (authorized signature):** \_\_\_\_\_

**Please Pay This Amount:** \_\_\_\_\_

**Make Check Payable to : Phyllis Schaffer**