



Resident Stylist — Service Permission Form

Professional On-Site Hair & Grooming Services

Resident Stylist partners with your care community to provide convenient, salon-quality services on-site. Regular grooming enhances confidence, dignity, and overall well-being. Please complete this form and return it to the Business Office or Salon Coordinator.

Resident Name: _____ Room #: _____

Date: _____

Permission Given By: _____ Phone #: _____

Select Desired Services and Frequency

Service	Price	Weekly	Bi-Weekl y	Monthly	As Needed
Hair Cut / Trim		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shampoo & Cut		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shampoo, Cut & Trim		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shampoo & Style		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beard or Moustache Trim		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair Color & Style		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Color, Cut & Style		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Color Rinse / Gloss		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perm, Cut & Style		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relaxer, Cut & Style		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shampoo, Press & Curl		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Shampoo, Cut, Press & Curl		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manicure		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Polish Refresh Only		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eyebrow Wax		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lip Wax		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chin Wax		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Full Facial Wax Package		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wig Maintenance / Styling (Add-On)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bedside Service (Add-On)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I authorize the above services to be provided by Resident Stylist and accept responsibility for all charges.

Signature: _____

Printed Name: _____

Date: _____

Relationship to Resident: _____

Resident Stylist | Alanna Cattach | Glendale, AZ | 602-206-5072

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