

# Registration Form



Follow-up Appointment(s)

Your Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

School \_\_\_\_\_ Pediatrician \_\_\_\_\_

How did you hear about Lice Busters St. Louis? \_\_\_\_\_

List All Individuals Living In the Home Including Yourself	Age	Grayed Section is For Office Use Only					
		Tech	Time Action	Results	Recheck Results	2 <sup>nd</sup> Appt Charges	Service Total

Please indicate if child affected lives in 2 separate households? Yes \_\_\_\_\_ No \_\_\_\_\_

Office Use/Notes:

I/we, the undersigned parent(s) or guardian(s), do hereby grant permission for my son/daughter or myself to participate in head lice screening and/or the head lice and nit removal process. I/we hereby indemnify and release Lice Busters St. Louis, LLC, or any affiliated independent contractors, agents, representatives, successors, and assigns, jointly and severally, from any and all civil and/or administrative actions, claims, demands, rights, proceedings and causes of action related to or arising out of the services being provided.

**\*\*\*POSSIBLE EXTRA CHARGES:** The Air Alle Heat Treatment cost of \$175 includes up to 1 ½ hours of combing if needed, however, in some cases, where an infestation is very advanced and/or an individual's hair is especially long or thick, there may be incremental charges. Time over 1 ½ hours of combing will be billed at \$25 per 15-minute increment.

**Heat Treatment Customers, Don't Forfeit Your Complimentary Recheck!** I understand that if I do not show up for my recheck appointment or do not provide a 3-hour notice for any changes, I forfeit my complimentary recheck.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date