



# RAYS OF SUNSHINE NEWBORN CARE SERVICES

**Welcome to Rays of Sunshine! We are delighted to embark on this journey with you as your chosen newborn care specialists.**

This contract is designed to outline the terms and conditions of our services and ensure a clear understanding between both parties.

Before proceeding, please take the time to review the following contract carefully. If you have any questions or require clarification on any aspect, do not hesitate to reach out to us.

We want to ensure that you feel comfortable and confident in our partnership.

We appreciate your trust in our services and look forward to providing exceptional care for your newborn.

**Thank you for choosing Rays of Sunshine for this significant chapter in your family's life.**

**Rays of Sunshine Newborn Care Services  
Jessica Maxam  
Newborn Care Specialist**

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Jacksonville, FL  
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RAYS OF SUNSHINE  
**NEWBORN CARE SERVICES**  
*Client Intake Form*



**Welcome to our newborn care specialist services!** We are thrilled to support you in this exciting time. Please take a few moments to provide us with essential details about your newborn and your preferences.

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**Parent's/Guardian Information:**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Baby's Information:**

Baby's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Female ☐ Male

**Services Needed (Please select the newborn care services you are interested in):**

- ☐ Overnight Newborn Care ☐ Daytime Newborn Care ☐ Sleep Training ☐ Postpartum Support  
☐ Multiples (Twins, Triplets, etc.) Care ☐ Breastfeeding Support ☐ Other

**Schedule and Duration:**

Preferred Start Date: \_\_\_\_\_

Desired Duration of Services: ☐ Short-term (1-2 weeks) ☐ Medium-term (1-2 months)  
☐ Long-term (2+ months) ☐ Custom (please specify): \_\_\_\_\_

Are there any specific concerns or challenges you would like the newborn care specialist to address?

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Do you have any specific preferences or routines you would like us to follow with your newborn?

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# NEWBORN CARE SERVICES

## Client Intake Form

### Guardian / Emergency Information:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Health Information:

Does your baby have any known allergies or health conditions? If yes, please specify:

☐ Yes: \_\_\_\_\_ ☐ No

Is your baby currently taking any medications or supplements? If yes, please provide details:

☐ Yes: \_\_\_\_\_ ☐ No

Is there anything else you would like to share or ask at this point?

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How did you hear about us? ☐ Online ☐ Referral ☐ Social Media ☐ Flyer Advertisement ☐ Others

**Thank you for providing this information!** We look forward to assisting you and your newborn. Our team will be in touch shortly to discuss the next steps.