



**Infant-Parent Training Institute
Infant Observation Course Application**

1430 Main Street, Waltham, MA 02451

781-693-5652

dwalker@jfcsboston.org

Name _____
Last First

Mailing Address _____
Street Apt.

_____ Home phone _____
City State Zip

Email address _____ Work Phone _____

Current Employer and / or Private Practice _____

Please list any professional licensure:

Where did you hear about the Infant-Parent Training Institute?

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Please describe your interest and expectations for the Infant Observation Course.

Please describe your experience relevant to the Infant Observation Course.

Signature

Date

Please send completed application with resume and \$50 application fee (checks payable to JF&CS) to Deborah Walker, Administrative Coordinator, Infant-Parent Training Institute.