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1430 Main Street, Waltham, MA 02451

781-693-5652

ipti@jfcsboston.org

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Name \_\_\_\_\_  
Last First

Mailing Address \_\_\_\_\_  
Street Apt.

City State Zip Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Current Employer and / or Private Practice

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Please list any professional licensure

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

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Please describe your interest in and expectations of this course.

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Please describe your experience relevant to this course.

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Signature

Date

**Please send the completed application and a copy of your résumé to [ipti@jfcsboston.org](mailto:ipti@jfcsboston.org). The \$300 tuition deposit can be paid using our [online bill pay system](#) or via check payable to JF&CS and mailed to Gabrielle Jacobs, Infant-Parent Training Institute, 1430 Main Street, Waltham, MA 02451. Balance of tuition is due by the first day of class.”**