
1430 Main Street, Waltham, MA 02451

781-693-5652

ipti@jfcsboston.org

Name _____
Last First

Mailing Address _____
Street Apt.

City State Zip Home Phone _____

Email _____ Work Phone _____

Current Employer and / or Private Practice

Please list any professional licensure

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

Please describe your interest in and expectations of this course.

Please describe your experience relevant to this course.

Signature

Date

Please send completed application with résumé and \$300 deposit (checks payable to JF&CS) to Gabrielle Jacobs, Administrative Coordinator, Infant-Parent Training Institute, 1430 Main Street, Waltham, MA 02451. Balance of tuition is due by the first class.