



NORTH CENTRAL DISTRICT HEALTH DEPARTMENT

ENFIELD - 31 N. Main Street - P.O. Box 1222 - Enfield, CT 06083 - (860) 745-0383 - Fax 745-3188
VERNON - 375 Hartford Turnpike, Suite 120 - Vernon, CT 06066 - (860) 872-1501 - Fax 872-1531
WINDHAM - Town Hall, 979 Main Street - Willimantic, CT 06226 - (860) 465-3033 - Fax 465-303
STAFFORD - Town Hall, 1 Main Street - Stafford Springs, CT 06076 - (860) 684-5609 - Fax 684-1768

WILLIAM H. BLITZ, M.P.H., M.U.P., R.S.
DIRECTOR OF HEALTH

NUTRITION CLASS INFORMATION SHEET

North Central District Health Department
Enrico Fermi High School, Room
124 North Maple Street, Enfield, CT
Tuesdays, March 2, 9, 16, 23, 30, April 6, 2009
6:00 p.m. - 8:00 p.m.

**COMPLETE THIS FORM AND SEND TO OUR ENFIELD OFFICE BY
February 22, 2010 AT: P.O. BOX 1222, ENFIELD, CT 06083**

NAME _____ DATE _____

ADDRESS _____

TOWN _____ STATE _____ ZIP CODE _____

DAYTIME PHONE NUMBER _____

EVENING PHONE NUMBER _____

AGE _____ MALE _____ FEMALE _____

Non-Hispanic Origin:
___ White ___ Black ___ Asian/P ___ Amer. Ind.
___ Other/Unk.

Hispanic Origin:
___ White ___ Black ___ Other/Unk.

How did you learn about the nutrition program?

___ Newspaper ___ Flyer/Poster ___ Other
___ Letter ___ Friend/Word of Mouth

I intend to commit myself to attending all **SIX** of the Nutrition classes, except in the case of illness or hazardous weather conditions.

Signed _____ Date _____