

Breakfast Menu

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			1 Waffles w/ Syrup	2 Large Fruit Muffin
5 Cinnabar	6 Large Chocolate Chip Muffin	7 Frudel	8 Bagel w/ Cream Cheese	9 French Toast
12 Cereal Kit	13 Large Fruit Muffin	14 Waffles w/ Syrup	15	16

Breakfast includes Entrée (Bread/Grain), 1 cup Fresh or Cupped Fruit & 100% Juice, plus Milk Choice (1% Low-Fat, Non-Fat Chocolate, Skim)



At least 50% of All Grains served w/ your meal are Whole Grain Rich

"This institution is an equal opportunity provider."



Locally Grown Bartlett Pears





This institution is an equal opportunity employer





June 2023

Robert L. Craig Elementary School ORDER FORM



Please indicate your breakfast and lunch choice by including the code from the list below in the appropriate box for the days you would like to order. Return each form to the school by 9:00 a.m. on the due date indicated in an ENVELOPE with the exact money OR check made payable to the "Moonachie Board of Education."

Breakfast Codes: [B1] Daily Special

Lunch Codes: [H1] Daily Hot #1
[W] Chicken Caesar
[D] Daily Deli Sandwich

[H2] Alternate Hot
[Y] Yogurt Bagel Bag

Breakfast: 2.50
Reduced Breakfast: No Charge
Free Breakfast: No Charge

Lunch: 3.75
Reduced Lunch: No Charge
Free Lunch: No Charge

"This institution is an equal
opportunity provider."

Tear at this line and return in an ENVELOPE.

DAY	BREAKFAST	LUNCH
MON		
TUE		
WED		
THU 1		
FRI 2		
TOTAL \$:		

Please check if your
student receives

- ☐ Free Lunch
☐ Reduced Price Lunch

STUDENT'S NAME _____

TEACHER _____ ROOM # _____

CONTACT PHONE # _____ TOTAL \$ _____

NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:

If you plan to participate in the lunch program, you **must** fill out
and return this form.

Please return form & payment by Tuesday, May 23th, 2023

DAY	BREAKFAST	LUNCH
MON 5		
TUE 6		
WED 7		
THU 8		
FRI 9		
TOTAL \$:		

Please check if your
student receives

- ☐ Free Lunch
☐ Reduced Price Lunch

STUDENT'S NAME _____

TEACHER _____ ROOM # _____

CONTACT PHONE # _____ TOTAL \$ _____

NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:

If you plan to participate in the lunch program, you **must** fill out
and return this form.

Please return form & payment by Tuesday, May 30th, 2023

DAY	BREAKFAST	LUNCH
MON 12		
TUE 13		
WED 14		
THU 15		
FRI 16		
TOTAL \$:		

Please check if your
student receives

- ☐ Free Lunch
☐ Reduced Price Lunch

STUDENT'S NAME _____

TEACHER _____ ROOM # _____

CONTACT PHONE # _____ TOTAL \$ _____

NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:

If you plan to participate in the lunch program, you **must** fill out
and return this form.

Please return form & payment by Tuesday, June 6th, 2023