

# Moonachie Public School

Robert L. Craig School  
20 West Park Street  
Moonachie, NJ 07074

LUCREZIA MAURIN  
Food Coordinator

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OFFICE: 201-641-5833 ext. 120  
FAX: 201-641-3723

Dear Parents/Guardians:

The new updated rules for breakfast and lunch are as follows:

- You **MUST** complete and return all order forms by the 1<sup>st</sup> of each and every month.
- We prefer orders be completed monthly.
- If you choose to order weekly all completed lunch forms **MUST** be submitted to me the Thursday before the week ordered.
- If lunch forms are not completed and submitted as the above time requested, your child will not have the option to choose what they prefer.

We are looking forward to a happy and healthy school year!

Sincerely,

A handwritten signature in cursive script that reads "Lucrezia Maurin".

Lucrezia Maurin  
Food Coordinator

# OCTOBER 2023

## Robert L. Craig Elementary

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2 Chicken Tenders w/ Fries & a Dinner roll	3 Four Cheese Tortellini w/ Pink Sauce w/ Cheese Stick Dinner Roll	4 Chicken & Cheddar Quesadilla Rice & Beans	5 Maple Flavored Buttermilk Pancakes Cheese Stick Syrup	6 School Closed
		Weekly Alternate: Grill cheese		
9 School Closed	10 Pizza Burger w/ Fries	11 Chicken & Cheese Burrito w/ Brown Rice	12 French Toast w/ Cheese Sticks & Syrup	13 Pizzeria Pizza
	Weekly Alternate: Mozzarella Sticks & Marinara Sauce			
16 Crispy Chicken Nuggets & Fries Dinner Roll	17 Meatball Parm Hero	18 Popcorn Chicken & Mashed Potato Bowl Dinner roll	19 Maple Waffles w/ Cheese Sticks & Syrup	20 Pizzeria Pizza
	Weekly Alternate: Macaroni & Cheese w/ a Dinner Roll			
23 Breaded Chicken Patty on a Bun	24 Cheeseburger & Fries	25 Chicken & Cheese Fajita	26 French Toast w/ Cheese Sticks & Syrup	27 Pizzeria Pizza
	Weekly Alternate: Waffles w/ Syrup and Cheese Stick			
30 Crispy Chicken, Cheddar, Bacon Ranch Wrap	31 Pasta & Meatballs Dinner Roll			
	Weekly Alternate: Pizza Crunchers			

**A Complete Lunch Includes:**  
 Entrée (with Protein/Grain)  
**Trip to The Farm Stand**  
 (students must select at least a serving  
 of fruit or vegetable)  
 Hormone-Free Milk  
**Menu Subject to Change**  
 Your comments are important to us. Please e-mail  
 us at [comments@pomptonian.com](mailto:comments@pomptonian.com)

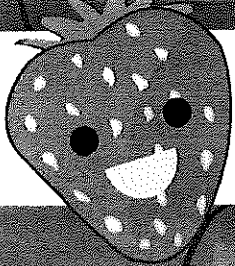


Locally Grown Fruit



Locally Grown  
Vegetable

Allergy Aware menus are available for students with  
 food allergies. For more information contact your Food  
 Service Director or see  
 our Food Allergy Best Practices at [www.pomptonian.com](http://www.pomptonian.com).



# MOONACHIE

Robert L. Craig Elementary School  
ORDER FORM

October  
2023



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 Breakfast  
Lunch Codes: [D1] Daily Lunch  
[H1] Daily Hot #1 [H2] Alternate Hot  
[W] Chicken Caesar Wrap  
[Y] Yogurt Bagel Bag  
[D] Daily Deli Sandwich

Breakfast: 3.00  
Reduced Breakfast: No Charge  
Free Breakfast: No Charge

Lunch: 4.40  
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 2		
TUE 3		
WED 4		
THU 5		
FRI 6		
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 by September 26, 2023

DAY	BREAKFAST	LUNCH
MON 9		
TUE 10		
WED 11		
THU 12		
FRI 13		
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 by October 2,

DAY	BREAKFAST	LUNCH
MON 16		
TUE 17		
WED 18		
THU 19		
FRI 20		
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 by December 1, 2021

DAY	BREAKFAST	LUNCH
MON 23		
TUE 24		
WED 25		
THU 26		
FRI 27		
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 by December 8, 2021

DAY	BREAKFAST	LUNCH
MON 30		
TUE 31		
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:

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