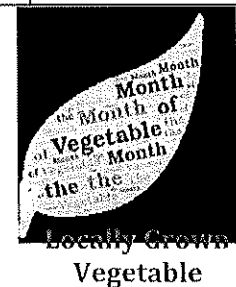


MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			1 Bagel w/ Cream Cheese	2 Maple Waffles w/ Syrup
5 Whole Grain Chocolate Chip Muffin	6 Cereal Kit	7 Cinnabar	8 Bagel w/ Cream Cheese	9 Maple Waffles w/ Syrup
12 Whole Grain Chocolate Muffin	13 Cereal Kit	14 Cinnabar	15 Bagel w/ Cream Cheese	16 School Closed
19 School Closed	20 Cereal Kit	21 Cinnabar	22 Bagel w/ Cream Cheese	23 Maple Waffles w/ Syrup
26 Whole Grain Chocolate Chip Muffin	27 Cereal Kit	28 Cinnabar	29 Bagel w/ Cream Cheese	



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.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			1 Maple Waffles w/ Cheese Sticks & Syrup	2 Pizzeria Pizza
		Weekly Alternate: Pasta w/ Marinara & a Dinner		
5 Chicken Tenders w/ Fries & a Dinner Roll	6 Cheese Tortellini w/ Pink sauce & a Dinner Roll	7 Chicken & Cheese Quesadilla w/ Rice & Beans	8 Maple Pancakes w/ Cheese Sticks & Syrup	9 Pizzeria Pizza
	Weekly Alternate: Macaroni & Cheese w/ Dinner Roll			
12 Ramen Noodle Bowl w/ Chicken	13 Pizzaburger w/ Fries	14 Chicken & Cheese Burrito	15 French Toast Sticks w/ Cheese Sticks & Syrup	16 School Closed
	Weekly Alternate: Mozzarella Sticks w/ Marinara			
19 School Closed	20 Meatball Parm Hero	21 Popcorn Chicken & Mashed Potato Bowl	22 Maple Waffle w/ Cheese Sticks Syrup	23 Pizzeria Pizza
			Weekly Alternate: Pizza Crunchers	
26 Breaded Chicken Patty on a Bun	27 Cheeseburger & Fries	28 Chicken Parm on a Bun	29 French Toast Sticks w/ Cheese Sticks & Syrup	
	Weekly Alternate: Pasta w/ Marinara & a Dinner			

A Complete Lunch Includes:

Entrée (with Protein/Grain)

Trip to The Farm Stand
(students must select at least a serving
of fruit or vegetable)

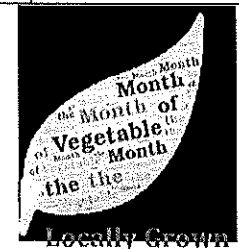
Hormone-Free Milk

Menu Subject to Change

Your comments are important to us. Please e-mail
us at comments@pomptonian.com



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.

MOONACHIE

February 2024

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 Breakfast

Lunch Codes:

- [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		
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 by Jan 30, 2024

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 by Feb 2, 2024

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 by Feb 6, 2024

DAY	BREAKFAST	LUNCH
MON 19		
TUE 20		
WED 21		
THU 22		
FRI 23		
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 Feb 13, 2024

DAY	BREAKFAST	LUNCH
MON 26		
TUE 27		
WED 28		
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 Feb 20, 2024