

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



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).

# March 2024 Robert L. Craig Elementary

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
				1 Pizzeria Pizza
		Weekly Alternate: Waffles w/ Syrup & Cheese Stick		
4 Crispy Chicken, Cheddar Bacon Wrap	5 Pasta w/ Meatballs & a Dinner Roll	6 General Tso's Chicken, Veggie Fried rice & Fortune Cookie	7 Maple Pancakes w/ Cheese Sticks & Syrup	8 Pizzeria Pizza
		Weekly Alternate: Pizza Crunchers		
11 Grilled BBQ Chicken Sandwich on a Bun	12 Soft Shell Taco w/ Brown Rice	13 Chicken Parm on a Bun	14 Maple Waffle w/ Cheese Sticks & Syrup	15 Pizzeria Pizza
		Weekly Alternate: Pasta w/ Marinara & Dinner Roll		
18 Chicken Tenders & Fries	19 Four Cheese Tortellini w/ Pink Sauce & a Dinner Roll	20 Chicken & Cheese Quesadilla	21 Maple Pancakes w/ Cheese Sticks Syrup	22 Pizzeria Pizza
			Weekly Alternate: Grill Cheese	
25 Ramen Noodle Bowl w/ Chicken	26 Pizza burger & Fries	27 Chicken & Cheese burrito w/ Rice	28 French Toast Sticks w/ Cheese Sticks & Syrup	29 School Closed
	Weekly Alternate: Mozzarella Sticks w/ Marinara Sauce			

**A Complete Lunch Includes:**

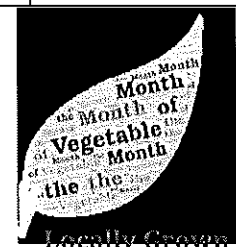
Entrée (with Protein/Grain)

**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)



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# MOONACHIE

Mach  
**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
- [HD] Hot Dog on a Bun
- [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		
FRI 1		
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

DAY	BREAKFAST	LUNCH
MON 4		
TUE 5		
WED 6		
THU 7		
FRI 8		
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 ber Feb 27, 2024

DAY	BREAKFAST	LUNCH
MON 11		
TUE 12		
WED 13		
THU 14		
FRI 15		
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 March 5, 2024

DAY	BREAKFAST	LUNCH
MON 18		
TUE 19		
WED 20		
THU 21		
FRI 22		
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 March 12, 2024

DAY	BREAKFAST	LUNCH
MON 25		
TUE 26		
WED 27		
THURS 28		
FRI 29		
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 March 19, 2024