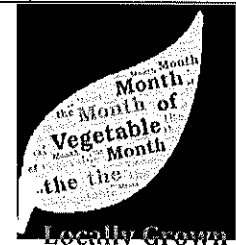


April Robert L. Craig 2024 School

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1	2	3	4	5
		Spring Break		
8	9	10	11	12
Whole Grain Chocolate Chip Muffin	Cereal Kit	Cinnabar	Bagel w/ Cream Cheese	Maple Waffles w/ Syrup
15	16	17	18	19
Whole Grain Chocolate Muffin	Cereal Kit	Cinnabar	Bagel w/ Cream Cheese	Maple Waffles w/ Syrup
22	23	24	25	26
Whole Grain Chocolate Muffin	Cereal Kit	Cinnabar	Bagel w/ Cream Cheese	Maple Waffles w/ Syrup
29	30			
Whole Grain Chocolate Chip Muffin	Cereal Kit			



Locally Grown Fruit



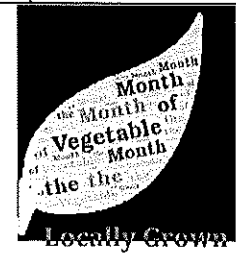
Locally Grown Vegetable

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.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1	2	3	4	5
		Spring Break – No School		
8	9	10	11	12
Breaded Chicken Patty on a Bun	Cheeseburger on a Bun	Chicken & Cheese Fajita w/ Peppers & Onions	French Toast Sticks w/ Cheese Sticks & Syrup	Pizzeria Pizza
	Weekly Alternate: Pizza Crunchers			
15	16	17	18	19
Crispy Chicken & Cheddar Cheese Wrap	Pasta & Meatballs w/ a Dinner Roll	General Tso's Chicken w/ Veggie Fried Rice & Fortune Cookie	Maple Pancakes w/ Cheese Sticks & Syrup	Pizzeria Pizza
	Weekly Alternate: Pasta w/ Marinara & Dinner Roll			
22	23	24	25	26
BBQ Crispy Chicken Sandwich w/ Cheese	Soft Shell Tacos w/ Rice	Chicken Parm on a Bun	Maple Waffles w/ Cheese Sticks Syrup	Pizzeria Pizza
	Weekly Alternate: Grill Cheese			
29	30			
Chicken Tenders & Fries	Four Cheese Tortellini w/ Sauce, Dinner Roll & Cheese Stick			
	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



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

April
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 1		
TUE 2		
WED 3		
THU 4		
FRI 5		
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 26th

DAY	BREAKFAST	LUNCH
MON 8		
TUE 9		
WED 10		
THU 11		
FRI 12		
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 April 2nd

DAY	BREAKFAST	LUNCH
MON 15		
TUE 16		
WED 17		
THU 18		
FRI 19		
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 April 9th

DAY	BREAKFAST	LUNCH
MON 22		
TUE 23		
WED 24		
THU 25		
FRI 26		
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 April 16th

DAY	BREAKFAST	LUNCH
MON 29		
TUE 30		
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 April 23rd