

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		1 Cinnabar	2 Bagel w/ Cream Cheese	3 Maple Waffles w/ Syrup
6 Whole Grain Chocolate Chip Muffin	7 Cereal Kit	8 Cinnabar	9 Bagel w/ Cream Cheese	10 Maple Waffles w/ Syrup
13 Whole Grain Chocolate Muffin	14 Cereal Kit	15 Cinnabar	16 Bagel w/ Cream Cheese	17 Maple Waffles w/ Syrup
20 Whole Grain Chocolate Muffin	21 Cereal Kit	22 Cinnabar	23 Bagel w/ Cream Cheese	24 Maple Waffles w/ Syrup
27 School Closed	28 Cereal Kit	29 Cinnabar	30 Bagel w/ Cream Cheese	31 Maple Waffles w/ Syrup



of 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 Chicken & Cheese Quesadilla w/ Rice & Beans	2 Maple Pancakes w/ Cheese Sticks & Syrup	3 Pizzeria Pizza
		Weekly Alternate: Pizza Crunchers		
6 Ramen Noodle Bowl w/ Chicken	7 Pizzaburger on a Bun w/ Fries	8 Chicken & Cheese Burrito w/ Brown Rice	9 French Toast Sticks w/ Cheese Sticks & Syrup	10 Pizzeria Pizza
	Weekly Alternate: Macaroni & Cheese w/ Dinner Roll			
13 Chicken Nuggets & Fries	14 Meatball Parm hero	15 Popcorn Chicken & Mashed Potato Bowl	16 Maple Pancakes w/ Cheese Sticks & Syrup	17 Pizzeria Pizza
Weekly Alternate: Big Daddy's Pizza				
20 Breaded Chicken Patty on a Bun	21 Soft Shell Tacos w/ Rice	22 Chicken Parm on a Bun	23 Maple Waffles w/ Cheese Sticks Syrup	24 ½ Day No Lunch Service
	Weekly Alternate: Pasta w/ Marinara sauce & a Dinner Roll			
27 School Closed No Lunch Service	28 Pasta w/ Meatballs w/ a Dinner Roll	29 General Tso's Chicken w/ Veggie Fried Rice & Fortune Cookie	30 Maple Pancakes w/ Cheese Sticks & Syrup	31 Pizzeria Pizza
Weekly Alternate: Big Daddy's Pizza				

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

MAY
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 1		
THU 2		
FRI 3		
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 23

DAY	BREAKFAST	LUNCH
MON 6		
TUE 7		
WED 8		
THU 9		
FRI 10		
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 30

DAY	BREAKFAST	LUNCH
MON 13		
TUE 14		
WED 15		
THU 16		
FRI 17		
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 May 7

DAY	BREAKFAST	LUNCH
MON 20		
TUE 21		
WED 22		
THU 23		
FRI 24		
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 May 14

DAY	BREAKFAST	LUNCH
MON 27		
TUE 28		
WED 29		
THURS 30		
FRI 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:
If you plan to participate in the lunch program, you must fill out and return this form.

Please return form by May 21