

# June 2025 Robert L. Craig Elementary

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2 Whole Grain Chocolate Chip Muffin	3 Cereal Kit	4 Cinnabar	5 Bagel w/ Cream Cheese	6 Maple Waffles w/ Syrup
9 Whole Grain Chocolate Chip Muffin	10 Cereal Kit	11 Cinnabar	12 Bagel w/ Cream Cheese	13 Maple Waffles w/ Syrup
16 Whole Grain Chocolate Chip Muffin				



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).



POMPTONIAN  
FOOD SERVICE

# June Robert L. Craig 2025 Elementary

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2 Popcorn & Mashed Potatoes Bowl	3 Grilled Cheese sandwich	4 Pasta w/ Meat Sauce & Dinner Roll	5 Whole Grain Waffles w/ Syrup & Cheese Stick	6 Pizzeria Pizza
Weekly Alternate #2: Pasta W/ Marinara Sauce & Dinner Roll				
9 Chicken Tenders w/ Baked French Fries	10 Egg & Cheese on a Kaiser Roll	11 Pasta w/ Pink Sauce & Dinner Roll	12 Maple-Flavored Buttermilk Pancakes & Cheese Stick	13 ½ Day No Lunch Service
Weekly Alternate #2: Grilled Cheese				
16 ½ Day No Lunch Service				

**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)



the Month of  
Locally Grown Fruit



the Month of  
Locally Grown  
Vegetable

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. 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

June  
2025

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
- [H2] Hot Alternative
- [W] Chicken Caesar Wrap
- [Y] Yogurt Bagel Bag
- [HD] Hot Dog on a Bun
- [D] Italian Hero

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

Lunch: 4.50  
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

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 30

DAY	BREAKFAST	LUNCH
MON 9		
TUE 10		
WED 11		
THU 12		
FRI 13		
TOTAL \$:		

Please check if your  
student receives

☐ Free 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 Jun 6

DAY	BREAKFAST	LUNCH
MON 16		
TUE 17		
WED 18		
THU 19		
FRI 20		
TOTAL \$:		

Please check if your  
student receives

☐ Free 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 Jun 13

DAY	BREAKFAST	LUNCH
MON 21		
TUE 22		
WED 23		
THU 24		
FRI 25		
TOTAL \$:		

Please check if your  
student receives

☐ Free 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

DAY	BREAKFAST	LUNCH
MON 28		
TUE 29		
WED 30		
THURS		
FRI		
TOTAL \$:		

Please check if your  
student receives

☐ Free 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