

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1 School Closed	2 Cereal Kit	3 Cinnabar	4 Bagel w/ Cream Cheese	5 Maple Waffles w/ Syrup
8 Whole Grain Chocolate Chip Muffin	9 Cereal Kit	10 Cinnabar	11 Bagel w/ Cream Cheese	12 Maple Waffles w/ Syrup
15 School Closed	16 Cereal Kit	17 Cinnabar	18 Bagel w/ Cream Cheese	19 Maple Waffles w/ Syrup
22 Whole Grain Chocolate Chip Muffin	23 Cereal Kit	24 Cinnabar	25 Bagel w/ Cream Cheese	26 Maple Waffles w/ Syrup
29 Whole Grain Chocolate Chip Muffin	30 Cereal Kit	31 Cinnabar		



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.pomptonlan.com.

January 2024 Robert L. Craig Elementary

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1 School Closed	2 Pizza Burger & Fries	3 Chicken & Cheddar Cheese Burrito w/ Rice	4 French Toast Sticks w/ Syrup & Cheese Sticks	5 Pizzeria Pizza
	Weekly Alternate: Mozzarella Sticks w/ Marinara Sauce			
8 Chicken Nuggets w/ Fries	9 Meatball Parm	10 Chicken & Mashed Potato Bowl	11 Maple Waffles w/ Cheese Sticks & Syrup	12 Pizzeria Pizza
	Weekly Alternate: Macaroni & Cheese w/ Dinner Roll			
15 School Closed	16 Cheeseburger w/ Fries	17 Chicken & Cheese Fajita	18 Pancakes w/ Cheese Sticks & Syrup	19 Pizzeria Pizza
		Weekly Alternate: Waffles w/ Syrup & Cheese Sticks		
22 Crispy Chicken & Cheddar Wrap w/ Ranch	23 Pasta w/ Meatballs & a Dinner Roll	24 General Tso's Chicken w/ Veggie Fried Rice & Fortune Cookie	25 French Toast w/ Cheese Sticks Syrup	26 Pizzeria Pizza
			Weekly Alternate: Pizza Crunchers	
29 BBQ Chicken Sandwich w/ Cheese on a Bun	30 Soft Shell Tacos w/ Rice	31 Chicken Parm on a Bun		
	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



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

Robert L. Craig Elementary School
ORDER FORM

January
2024

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 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 Dec 26th, 2023

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 Jan 2nd, 2024

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 Jan 9th, 2024

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 Jan 9th, 2024

DAY	BREAKFAST	LUNCH
MON 29		
TUE 30		
WED 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.