



JUNE 2021

Moonachie Elementary School



Free meals for all students*



[Take Home Meal Storage
and Handling
Instructions](#)

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--|---|---|---|---|
| | 1 Cheeseburger on a Bun Vegetable & Fruit | 2 Grilled Cheese Sandwich Vegetable & Fruit | 3 Chicken Tenders Vegetable & Fruit  Free Cookie w/ Lunch | 4 Cheese Pizza Vegetable & Fruit |
| 7 Chicken Patty on a Bun Vegetable & Fruit | 8 Turkey & Cheese Sandwich Vegetable & Fruit | 9 Waffle Pouch w/ Cheese Stick Vegetable & Fruit | 10 Fajita Chicken w/ Cheddar Cheese & Scoops w/ Vegetable & Fruit | 11 Cheese Pizza Vegetable & Fruit |
| 14 Cheeseburger on a Bun w/ French Fries & Fruit | 15 Macaroni & Cheese w/ a Dinner Roll Vegetable & Fruit | 16 Meatball Sub With Mozzarella Cheese Vegetable & Fruit | 17 Teriyaki Chicken w/ Vegetable Fried Rice Vegetable & Fruit | 18 |
| 21 | 22 | 23 | 24 | 25 |
| 28 | 29 | 30 |  | |
| Monday Breakfast Large Muffin | Tuesday Breakfast Assorted Cereals & Graham Crackers | Wednesday Breakfast Bagel | | |

Contact your cafeteria for
Alternate Vegetarian Options

A Complete Lunch Includes:
Protein, Grain, Vegetable, Fruit
& Milk

Menu Subject to Change



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.



**At least 50% of All Grains served
w/ your meal are Whole Grain Rich**

"This institution is an equal
opportunity provider."



June MOONACHIE 2021

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: [D1] Daily Lunch

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

Lunch: No Charge
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 1 | | |
| WED 2 | | |
| THU 3 | | |
| FRI 4 | | |
| 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 Tuesday, March 23, 2021

| DAY | BREAKFAST | LUNCH |
|------------------|-----------|-------|
| MON 7 | | |
| TUE 8 | | |
| WED 9 | | |
| THU 10 | | |
| FRI 11 | | |
| 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 Tuesday, March 30, 2021

| DAY | BREAKFAST | LUNCH |
|------------------|-----------|-------|
| MON 14 | | |
| TUE 15 | | |
| WED 16 | | |
| THU 17 | | |
| FRI 18 | | |
| 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 Tuesday, March 30, 2021

| DAY | BREAKFAST | LUNCH |
|------------------|-----------|-------|
| MON 21 | | |
| TUE 22 | | |
| WED 23 | | |
| THU 24 | | |
| FRI 25 | | |
| 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 Tuesday, April 6, 2021

| DAY | BREAKFAST | LUNCH |
|------------------|-----------|-------|
| MON 28 | | |
| TUE 29 | | |
| WED 30 | | |
| THU | | |
| FRI | | |
| 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 Tuesday, April 13, 2021