JUNE 2019

MOONACHIE

Elementary Schools Lunch and Breakfast Menu



MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY 7 Napoli Pizza 7 Bell Pepper Salad 100% Fruit Juice ternate: Egg Sandwich	
3 French Toast Sticks with Syrup, Cheese Stick & Smiley Potatoes Fresh Fruit	4 Napoli Pizza Baby Carrots with Dip 100% Fruit Juice	5 All-Beef Hot Dog on a Bun Cucumbers with Dip Fresh Fruit	6 Soft Beef & Cheese Taco Corn & Black Bean Salad Fresh Fruit Weekly Alt		
10 Chicken Sliders on Buns with Mashed Potatoes Fresh Fruit	11 Napoli Pizza Baby Carrots with Dip 100% Fruit Juice	12 Baked Mozzarella Sticks with Marinara Sauce Celery Sticks with Dip Fresh Fruit Week	13 Baked Chicken Nuggets with a Roll Chickpea Salad Fresh Fruit Iy Alternate: Chicken Grille	FLAG DAY 14 Napoli Pizza Bell Pepper Salad 100% Fruit Juice	
17 All-Beef Hot Dog on a Bun Corn Fiesta Salad	18	19	20	21 Summer Begins	
Fresh Fruit	Weekly Alternate: Stuffed	d Shells with a Dinner Roll			
24	25	26	27	28	
	National Fre	esh Fruits & Vegetables .	Month		
Monday Breakfast Large Muffin OR Assorted Cereals	Tuesday Breakfast Bagelful OR Assorted Cereals	Wednesday Breakfast Waffles OR Assorted Cereals	Thursday Breakfast Large Muffin OR Assorted Cereals w/ Bread & Jelly	Friday Breakfast Pillsbury Mini Pancakes OR Assorted Cereals	

Breakfast includes Entrée (Bread/Grain), plus, 2 - 1/2c. servings of Fresh &/or Cupped Fruit or 1/2c. 100% Juice & 1/2c. Fresh or Cupped Fruit, & Milk Choice

ALSO AVAILABLE DAILY

(W) Chicken Caesar Wrap: Tossed Greens with Sliced Chicken & Lite Dressing(G) Garden Salad: Tossed Greens with Fresh Veggies, Cheese Cubes & Lite Dressing & Bread

(D) WEEKLY DELI SANDWICH

Monday: Ham on a Kaiser Roll Tuesday: Italian Hero Wed: Tuna on Goldfish Bread

Friday: Turkey on a Kaiser Roll

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Thurs: Yogurt Lunch with 4oz. Yogurt, Cheese Stick, Pretzels & Sliced Bread

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

Entrée (with Protein/Grain) Selections of Fruit/Vegetable Milk Choice: 1% Low-Fat, Skim, or Non-Fat Chocolate Menu Subject to Change

"This institution is an equal opportunity provider."

A Complete Lunch Includes:

Your comments are important to us. Please e-mail us at <u>comments@pomptonian.com</u>

CHEESE SANDWICH (C) American Cheese on a Whole Wheat Roll



ENJOY UMMER BREAK



Locally Grown Kale

			2019 ORDER	FORM	· · · · · · · · · ·	POMPTC FOOD SER
vould like to noney OR cl <mark>Breakfast Co</mark> unch Codes	order. Return heck made pa odes: [B1] Dai s: [H1] Dai [W] Chio [D] Daily	n each form to ayable to the "N	a choice by including the coo the school by 9:00 a.m. or Moonachie Board of Educat [B2] Cereal [H2] Alternate Hot # rap [G] Garden Salad [C] Cheese Sandwid	de from the list below in the a the due date indicated in ion." Breakfast: \$2.00 Reduced Breakfast: Free Breakfast: No Content Breakfast: No Content Brea	e appropriate box for the da an <u>ENVELOPE</u> with the e \$.30 Lunch: \$3.00 Reduced Lunc	ays you exact ch: \$.40
DAY	BREAKFAST	LUNCH		STUDENT'S NAME		
MON 24 TUE 25 WED 26 THU 27 FRI 28 TOTAL \$: 27			Please check if your student receives Free Lunch Reduced Price Lunch	TEACHER CONTACT PHONE # NOTE TO FREE BREAK	ROOM # TOTAL \$ FAST/LUNCH RECIPIENT h the lunch program, you r	-S:
DAY MON 17 TUE 18 WED 19 THU 20 FRI 21 TOTAL \$:	BREAKFAST	LUNCH	Please check if your student receives Free Lunch Reduced Price Lunch	STUDENT'S NAME TEACHER CONTACT PHONE # NOTE TO FREE BREAKF If you plan to participate in and return this form. Please return form & pay	ROOM # TOTAL \$ AST/LUNCH RECIPIENT the lunch program, you n	S: nust fill out
DAY MON 10 TUE 11 WED 12 THU 13 FRI 14 TOTAL \$: 14	BREAKFAST		Please check if your student receives Free Lunch Reduced Price Lunch	STUDENT'S NAME TEACHER CONTACT PHONE # NOTE TO FREE BREAKF If you plan to participate in and return this form. Please return form & pay	TOTAL \$ AST/LUNCH RECIPIENT: the lunch program, you n	S: nust fill out
DAY MON 3 TUE 4 WED 5 THU 6 FRI 7	BREAKFAST		Please check if your student receives Free Lunch Reduced Price Lunch	STUDENT'S NAME TEACHER CONTACT PHONE # NOTE TO FREE BREAKF If you plan to participate in and return this form.	ROOM # TOTAL \$ AST/LUNCH RECIPIENT	S: