



MARCH 2021

Moonachie Elementary School



Free meals for all students*



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

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1 All-White Meat Chicken Tenders w/ a Dinner Roll, French Fries & Fruit	2 Grilled Cheese Sandwich Vegetable & Fruit	3 Pancake Pouch w/ Egg Patties Vegetable & Fruit	4 Chicken Patty Vegetable & Fruit	5 Personal Pizza Vegetable & Fruit
8 Chicken Smackers w/ a Dinner Roll, French Fries & Fruit	9 Cheese Stuffed Shells Vegetable & Fruit	10 Waffle Pouch w/ Egg Patties Vegetable & Fruit	11 All-White Meat Chicken Tenders w/ a Dinner Roll Vegetable & Fruit  Free Cookie w/ Lunch	12 Stuffed Crust Pizza Vegetable & Fruit
15 Chicken Nuggets w/ a Dinner Roll Vegetable & Fruit	16 Meatballs w/ Cheese & Garlic Bread Vegetable & Fruit	17 Pizza Crunchers Vegetable & Fruit	18 Fajita Chicken Wrap w/ Cheddar Cheese Vegetable & Fruit	19 Personal Pizza Vegetable & Fruit
22 Chicken Patty on a Bun Vegetable & Fruit	23 Cheeseburger on a Bun w/ French Fries & Fruit	24 The Max Cheese Sticks w/ Marinara Sauce Vegetable & Fruit	25 Boneless Chicken Wings w/ a Dinner Roll Vegetable & Fruit	26 Stuffed Crust Pizza Vegetable & Fruit
29 All-White Meat Chicken Tenders w/ a Dinner Roll Vegetable & Fruit	30 Nachos w/ Beef, Cheese & Tortilla Rounds Vegetable & Fruit	31 French Toast Sticks Vegetable & Fruit		
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**



***USDA approved until further notice**

"This institution is an equal
opportunity provider."



March MOONACHIE

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 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 Tuesday, February 23, 2021

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 Tuesday, March 2, 2021

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 Tuesday, March 9, 2021

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 Tuesday, March 16, 2021

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.

Please return form by Tuesday, March 23, 2021