

# May Robert L. Craig 2025 Elementary

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			1 Bagel w/ Cream Cheese	2 Maple Waffies w/ Syrup
5	6	7	8	9
Whole Grain Chocolate Chip Muffin	Cereal Kit	Cinnabar	Bagel w Cream Cheese	Maple Waffles w/ Syrup
12	13	14	15	16
Whole Grain Chocolate Chip Muffin	Cereal Kit	Cinnabar	Bagel w/ Cream Cheese	Maple Waffles w/ Syrup
19	20	21	22	23
Whole Grain Chocolate Chip Muffin	Cereal Kit	Cinnabar	Bagel w/ Cream Cheese	Maple Waffles w/ Syrup
26	27	28	29	30
Whole Grain Chocolate Chip Muffin	Cereal Kit	Cinnabar	Bagel w Cream Cheese	Maple Waffles w/ Syrup



o Locally Grown Fruit

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.



## May Robert L. Craig 2025 Elementary

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MONDAY	TUESD	AY	WEDNESDAY		THURSDAY		FRIDAY	
					French Toast S Syrup & a Chee		Pizzeria Pizza	2
		•	Weekly Alternate #2: Maple-Flav		vored Mini Waffles			
5 Beef & Bean Burrito	General Tso's Chicken w/ white rice		7 Pasta w/ pink Sauce & Dinner Roll		Buttermilk Pand Syrup & Chees		Pizzeria Pizza	9
	Weekly Alternate #2: Breaded Mozzarella Stick w/ Marinara sauce							
12		13		14		15		16
Chicken Nuggets w/ French fries	Meatball Parmesan Hero		3- Cheese Cavatappi w/Dinner roll		Whole Grain Waffles w/ Syrup & Cheese Stick		Pizzeria Pizza	
	Weekly Alternate #2: Macaroni & Cheese w/ Dinner Roll							
19		20		21		22		23
Breaded Chicken Patty on a Bun	Cheesesteak Hero		Pasta w/ Marinara sauce & Dinner Roll		French Toast Sticks w/ Syrup & a Cheese Stick		Half Day - No Lunch Service	
	Weekly Alternate #2: Grilled Cheese							
26	Breaded Mozzarella Sticks w/ marinara Sauce		28 Korean BBQ Popcorn Chicken w/ Vegetable Fried rice Week		Pancakes w/ Syrup & a Cheese Stick  Rly Alternate #2: Pizza Crunchers			30
X							Pizzeria Pizza	
							nchers	

#### 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



Month of Vegetable Vegetable Month the the

**Locally Grown** Vegetable

of Locally Grown Fruit

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### **MOONACHIE**

Robert L. Craig Elementary School ORDER FORM

May 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 <a href="ENVELOPE">ENVELOPE</a> with the exact money OR check made payable to the "Moonachie Board of Education."

Breakfast Godes: [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 Breakfast: 3.00

Reduced Breakfast: No Charge Free Breakfast: No Charge Lunch: 4.50

Reduced Lunch: No Charge Free Lunch: No Charge

	[D] Ítalian	Hero			"This institution			
ear at this li	ne and return in	an ENVELOF	<u>'E.</u>		opportunity prov	/lder."		
DAY	BREAKFAST	Lunch		STUDENT'S NAME				
MON			Please check if your student receives			ROOM #		
TUE		1			· ·	TOTAL \$		
WED			☐ Free Lunch					
THU 1			-	NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:  If you plan to participate in the lunch program, you must fill ou and return this form.				
TOTAL \$:			4					
	[ }\$	333333333333333333333333333333333333333	1	Please return form by Apr 1				
DAY	BREAKFAST	Lunch	7					
MON 5	DREARFASI	LUNGI	-	STUDENT'S NAME_				
TUE 6			Please check if your student receives Free Lunch			ROOM #		
WED 7		,		CONTACT PHONE #	<u> </u>	TOTAL \$		
THU 8				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 Apr 8				
FRI 9								
TOTAL \$:								
TOTAL V.			1		• ,			
DAY	BREAKFAST	LUNCH	1			, , , , , , , , , , , , , , , , , , ,		
MON 12	DICEART AGE	LUNUII	Please check if your student receives Free Lunch	STUDENT'S NAME _				
TUE 13	<del></del>			TEACHER		ROOM #		
WED 14				CONTACT PHONE #	£	TOTAL \$		
THU 15				NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:  If you plan to participate in the lunch program, you must fill out				
FRI 16				and return this form.				
TOTAL \$:				Please return form by Apr 15				
			, 7					
MON 19	BREAKFAST	LUNCH		STUDENT'S NAME_				
TUE 20			Blagge short live			ROOM #		
WED 21			Please check if your student receives			TOTAL \$		
THU 23								
				NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:  If you plan to participate in the lunch program, you must fill ou				
				and return this form.		, , ,		
TOTAL \$:				Please return form l	by Apr 22			
DAY	BREAKFAST	LUNCH	]	STUDENT'S MANG				
MON 26			Please check if your student receives □ Free Lunch					
TUE 27						ROOM #		
WED 28						TOTAL \$		
THUR 29 FRI 30 TOTAL \$:				NOTE TO FREE BRI If you plan to particip and return this form. Please return form	ate in the lunch	CH RECIPIENTS: n program, you must fill out		