

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



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](http://www.pomptonian.com).



Locally grown

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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 **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
- [H2] Hot Alternative
- [W] Chicken Caesar Wrap
- [Y] Yogurt Bagel Bag
- [HD] Hot Dog on a Bun
- [D] Italian Hero

Breakfast: 3.00

Reduced Breakfast: No Charge

Free Breakfast: No Charge

Lunch: 4.50

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		
WED		
THU 1		
FRI 2		
TOTAL \$:		

Please check if your  
student receives

☐ Free 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 Apr 1

DAY	BREAKFAST	LUNCH
MON 5		
TUE 6		
WED 7		
THU 8		
FRI 9		
TOTAL \$:		

Please check if your  
student receives

☐ Free 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 Apr 8

DAY	BREAKFAST	LUNCH
MON 12		
TUE 13		
WED 14		
THU 15		
FRI 16		
TOTAL \$:		

Please check if your  
student receives

☐ Free 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 Apr 15

DAY	BREAKFAST	LUNCH
MON 19		
TUE 20		
WED 21		
THU 23		
FRI 24		
TOTAL \$:		

Please check if your  
student receives

☐ Free 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 Apr 22

DAY	BREAKFAST	LUNCH
MON 26		
TUE 27		
WED 28		
THUR 29		
FRI 30		
TOTAL \$:		

Please check if your  
student receives

☐ Free 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 Apr 30