

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			1 French Toast Carrots & Fruit	2 Pizza Romaine Salad w/ a Carrot Garnish & Fruit
5 Chicken Patty on a Bun Tater Tots & Fruit	6 Stuffed Shells w/ a Dinner Roll Green Beans & Fruit	7 Cheeseburger on a Bun Three-Bean Salad & Fruit	8 Pancake Pouch w/ Cheese Sticks Carrots & Fruit	9 Pizza Romaine Salad w/ a Carrot Garnish & Fruit
12 COLUMBUS DAY Columbus Day School Closed	13 Mac & Cheese w/ a Dinner Roll Green Beans & Fruit	14 Nachos w/ Beef, Cheese & Tortilla Rounds w/ Black Beans & Fruit	15 Waffle Pouch w/ Cheese Sticks Carrots & Fruit	16 Pizza Romaine Salad w/ a Carrot Garnish & Fruit
National School Lunch Week				
19 Popcorn Chicken w/ a Dinner Roll Tater Tots & Fruit	20 Cheese Ravioli w/ Marinara Sauce & a Dinner Roll Green Beans & Fruit	21 Meatballs w/ Cheese & Garlic Bread Garbanzo Bean Salad & Fruit	22 Pancake Pouch w/ Cheese Sticks Carrots & Fruit	23 Pizza Romaine Salad w/ a Carrot Garnish & Fruit
26 Pizza Romaine Salad w/ a Carrot Garnish & Fruit	27 Lasagna w/ Marinara Sauce & a Dinner Roll Green Beans & Fruit	28 Soft Shell Beef & Cheese Tacos Black Beans & Fruit	29 French Toast Carrots & Fruit	30 HAPPY HALLOWEEN! Spooky Chicken Nuggets w/ Ghostly Potatoes, Frightening Fruit & Halloween Pretzel

Monday Breakfast
Large Muffin

Tuesday Breakfast
Assorted Cereal

Wednesday Breakfast
Bagel

Thursday Breakfast
Pop-Tarts

Friday Breakfast
Cinnamon Roll

**Contact your cafeteria for
Alternate Vegetarian Options**



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

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."



OCTOBER MOONACHIE

2020

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 Special [B2] Cereal
Lunch Codes: [H1] Daily Hot #1 [H2] Alternate Hot #2
 [W] Chicken Caesar Wrap [G] Garden Salad
 [D] Daily Deli Sandwich [C] Cheese Sandwich

Breakfast: \$2.15
Reduced Breakfast: No Charge
Free Breakfast: No Charge

Lunch: \$3.15
Reduced Lunch: No Charge
Free Lunch: No Charge

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Tear at this line and return in an ENVELOPE.

DAY	BREAKFAST	LUNCH
MON 26		
TUE 27		
WED 28		
THU 29		
FRI 30		
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 & payment by Tuesday, Oct. 20, 2020

DAY	BREAKFAST	LUNCH
MON 19		
TUE 20		
WED 21		
THU 22		
FRI 23		
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 & payment by Tuesday, Oct. 13, 2020

DAY	BREAKFAST	LUNCH
MON 12		
TUE 13		
WED 14		
THU 15		
FRI 16		
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 & payment by Tuesday, Oct. 6, 2020

DAY	BREAKFAST	LUNCH
MON 5		
TUE 6		
WED 7		
THU 8		
FRI 9		
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 & payment by Tuesday, Sept. 29, 2020