

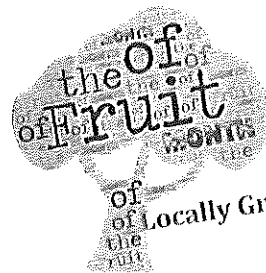




# December Robert L. Craig 2024 Elementary

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2 Breaded Chicken Patty on a Bun	3 Cheeseburger on a bun w/ Fries	4 Popcorn Chicken Bowl w/ Gravy & Mashed Potato	5 French Toast Sticks w/ Syrup & a Cheese Stick	6 Pizzeria Pizza
Weekly Alternate #2: Pizza Crunchers				
9 Chicken Tenders & Fries	10 Pasta & Meatballs w/ a Dinner Roll	11 Chicken Parm on a Bun	12 Maple Flavored Pancakes w/ Syrup & a Cheese Stick	13 Pizzeria Pizza
Weekly Alternate #2: Mozzarella Sticks & Marinara				
16 Grilled BBQ Chicken Wrap w/ Cheese	17 Soft Shell Beef Tacos w/ Rice	18 Chicken Parm on a Bun	19 Cinnamon Waffles w/ Syrup & a Cheese Stick	20 ½ Day No Lunch Service
Weekly Alternate #2: Pasta w/ Sauce & Dinner Roll				
23	24	25	26	27
SCHOOL CLOSED HAPPY HOLIDAYS				
30	31			
SCHOOL CLOSED HAPPY HOLIDAYS				

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](mailto:comments@pomptonian.com)



Locally Grown Fruit

Locally Grown Vegetable

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).

# MOONACHIE

Robert L. Craig Elementary School  
ORDER FORM

December  
2024

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 2		
TUE 3		
WED 4		
THU 5		
FRI 6		
<b>TOTAL \$:</b>		

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 Nov 26

DAY	BREAKFAST	LUNCH
MON 9		
TUE 10		
WED 11		
THU 12		
FRI 13		
<b>TOTAL \$:</b>		

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 Dec 3

DAY	BREAKFAST	LUNCH
MON 16		
TUE 17		
WED 18		
THU 19		
FRI 20		
<b>TOTAL \$:</b>		

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 Dec 10

DAY	BREAKFAST	LUNCH
MON 23		
TUE 24		
WED 25		
THU 26		
FRI 27		
<b>TOTAL \$:</b>		

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

DAY	BREAKFAST	LUNCH
MON 30		
TUE 31		
WED 1		
THURS 2		
FRI 3		
<b>TOTAL \$:</b>		

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