

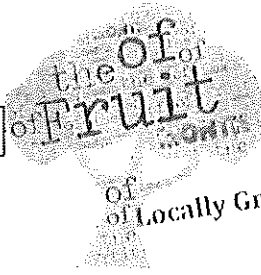


POMPTONIAN
FOOD SERVICE

March Robert L. Craig 2025 Elementary

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3 Mozzarella Sticks w/ Marinara Sauce	4 Pasta w/ Meatballs Dinner Roll	5 Cheeseburger on a Bun w/ Fries	6 Pancakes w/ Syrup & a Cheese Stick	7 Pizzeria Pizza
Weekly Alternate #2: Pizza Crunchers				
10 Grilled BBQ Sandwich	11 Soft Shell Beef Tacos	12 Chicken Parm on a Bun	13 Maple Flavored Waffles w/ Syrup & a Cheese Stick	14 Pizzeria Pizza
Weekly Alternate #2: Mozzarella Sticks & Marinara				
17 Chicken Tenders & Fries	18 Pasta w/ Pink Sauce & a Dinner Roll	19 Pizza Crunchers	20 Buttermilk Pancakes w/ Syrup & a Cheese Stick	21 Pizzeria Pizza
Weekly Alternate #2: Macaroni & Cheese				
24 Pan Seared Chicken Sandwich w/ Cheese	25 Pizzaburger & Fries	26 Chicken & Cheese Wrap	27 French Toast Sticks w/ Syrup & a Cheese Stick	28 Pizzeria Pizza
Weekly Alternate #2: Pasta w/ Sauce & Dinner Roll				
31 Breaded Chicken Patty on a Bun				

Weekly Alternate #2: Grill Cheese



of Locally Grown Fruit

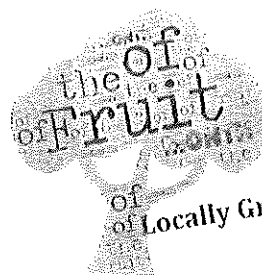
Locally Grown
Vegetable

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

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.

March 2025 Robert L. Craig Elementary

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3 Whole Grain Chocolate Chip Muffin	4 Cereal Kit	5 Cinnabar	6 Bagel w/ Cream Cheese	7 Maple Waffles w/ Syrup
10 Whole Grain Chocolate Chip Muffin	11 Cereal Kit	12 Cinnabar	13 Bagel w Cream Cheese	14 Maple Waffles w/ Syrup
17 Whole Grain Chocolate Chip Muffin	18 Cereal Kit	19 Cinnabar	20 Bagel w/ Cream Cheese	21 Maple Waffles w/ Syrup
24 Whole Grain Chocolate Chip Muffin	25 Cereal Kit	26 Cinnabar	27 Bagel w/ Cream Cheese	28 Maple Waffles w/ Syrup
31 Whole Grain Chocolate Chip Muffin				



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.

MOONACHIE

Robert L. Craig Elementary School
ORDER FORM

March
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 3		
TUE 4		
WED 5		
THU 6		
FRI 7		
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 Feb 25

DAY	BREAKFAST	LUNCH
MON 10		
TUE 11		
WED 12		
THU 13		
FRI 14		
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 March 4

DAY	BREAKFAST	LUNCH
MON 17		
TUE 18		
WED 19		
THU 20		
FRI 21		
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 March 11

DAY	BREAKFAST	LUNCH
MON 24		
TUE 25		
WED 26		
THU 27		
FRI 28		
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 March 18

DAY	BREAKFAST	LUNCH
MON 31		
TUE		
WED		
THURS		
FRI		
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 March 25th