

October Robert L. Craig 2024 Elementary

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	1	2	3	4
		Cinnabar	Bagel w/ Cream Cheese	Maple Waffles w/ Syrup
7	8	9	10	11
Whole Grain Chocolate Chip Muffin	Cereal Kit	Cinnabar	Bagel w/ Cream Cheese	School Closed
14	15	16	17	18
School Closed	Cereal Kit	Cinnabar	Bagel w/ Cream Cheese	Maple Waffles w/ Syrup
21	22	23	24	25
Whole Grain Chocolate Muffin	Cereal Kit	Cinnabar	Bagel w/ Cream Cheese	Maple Waffles w/ Syrup
28	29	30	31	
Whole Grain Chocolate Chip Muffin	Cereal Kit	Cinnabar	Bagel w/ Cream Cheese	



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.



POMPTONIAN
FOOD SERVICE

October Robert L. Craig 2024 Elementary

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	1 Four Cheese Tortellini in Pink Sauce Cheese Stick Dinner Roll	2 Chicken & Cheddar Cheese Quesadilla Rice & Beans	3 Maple Waffles Cheese Sticks Syrup	4 Pizzeria Pizza
	Weekly Alternate #2: Macaroni & Cheese w/ a Dinner Roll			11
7 Ramen Noodle Bowl w/ Chicken	8 Pizza burger on a Bun w/ Fries	Chicken & Cheddar Cheese Burrito w/ Rice	French Toast Sticks w/ Cheese Sticks & Syrup	School Closed
	Weekly Alternate #2: Mozzarella Sticks & Marinara			
14 School Closed	15 Meatball Parm Hero	16 Popcorn Chicken & Mashed Potato Bowl	17 Maple Waffles w/ Cheese Sticks & Syrup	18 Pizzeria Pizza
	Weekly Alternate #2: Pasta & Meatballs			
21 Crispy Chicken Ranch Wrap	22 Cheeseburger on a Bun w/ Fries	23 Chicken Fajita Wrap	24 French Toast Sticks w/ Cheese Sticks & Syrup	25 Pizzeria Pizza
	Weekly Alternate: Big Daddy's Pizza			
28 Chicken Nuggets w/ Mac & Cheese	29 Pasta & Meatballs Dinner Roll	30 General Tso's Chicken w/ Rice & Fortune Cookie	31 Maple Waffles w/ Cheese Sticks & Syrup	
	Weekly Alternate: Pizza Crunchers			

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



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.

MOONACHIE

Robert L. Craig Elementary School
ORDER FORM

October
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		
TUE 1		
WED 2		
THU 3		
FRI 4		
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 Sept 24

DAY	BREAKFAST	LUNCH
MON 7		
TUE 8		
WED 9		
THU 10		
FRI 11		
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 Oct 1

DAY	BREAKFAST	LUNCH
MON 14		
TUE 15		
WED 16		
THU 17		
FRI 18		
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 Oct 8

DAY	BREAKFAST	LUNCH
MON 21		
TUE 22		
WED 23		
THU 24		
FRI 25		
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 Oct 15

DAY	BREAKFAST	LUNCH
MON 28		
TUE 29		
WED 30		
THURS 31		
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 Oct 22