

Available Daily 2 (AD2) Salami Sandwich Available Daily 3 (AD3) Turkey Sandwich

Community Charter School of Paterson

DAIRY-SAFE MENU Only with documented allergy

DAIRY-FREE STUDENTS MUST ORDER FROM THIS MENU ONLY

| Mondays (M) | All-Natural Chicken Tenders w/ Tortilla Rounds | A Complete Lunch Includes: |
|--|--|-----------------------------|
| Tuesdays (T) | Sabrett All-Beef Hot Dog on a Bun | Entrée (with Protein/Grain) |
| Wednesdays (W) | Grilled Chicken Sandwich | Fruit/Vegetable |
| Thursdays (TH) | Hamburger on a Bun | Soy Milk |
| Fridays (F) Available Daily 1 (AD1) | Breaded Chicken Sandwich Bagel w/ SunButter | |

Important consideration when deciding to participate in Dairy-Safe school lunch offerings:

Pomptonian's staff prepares and cooks a wide variety of meals and does not have separate equipment and space for dairy-safe (DS) meal preparation. To minimize the chance for cross-contamination, the DS items that are available for pre-order are prepared by trained staff with, as per the manufacturer's label, dairy-safe ingredients. Pomptonian works with manufacturers with Good Manufacturing Practices; however, foods may be produced in a facility containing known allergens.

Cut at this line and keep the above menu portion for your reference. Please submit lunch forms promptly. Late submissions may not be properly recorded. "This institution is an equal opportunity provider."

Please use the codes listed above to indicate your selections for the month on the order form below and return it by 1 week prior in an envelope to your school cafeteria. It is important to go over the menu with your child. If your student is going to be absent on a day that lunch was ordered, please call the Food Service Director at 973-413-2057 ex. 8116 between 8:00 & 8:30 a.m. the morning the student is to be absent.

| MONTH: | MON | TUE | WED | THU | FRI | |
|----------|-----|-----|-----|-----|--------------------------|-------------------------|
| Week of: | | | | | | STUDENT'S NAME |
| Week of: | | | | | | GRADE/TEACHER |
| Week of: | | | | | | SCHOOL |
| Week of: | | | | | | PARENT/GUARDIAN PHONE # |
| Week of: | | | | | | PARENT/GUARDIAN E-MAIL |
| | | | | | NUMBER OF MEALS SELECTED | |

NOTE TO FREE LUNCH RECIPIENTS: If you plan to participate in the lunch program, you **must** fill out and return this form.