
Day-After-Day, Inc.
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Phone: (617) 964-1202
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GENERAL PHOTOGRAPHY AND PUBLICATION RELEASE

I, _____, give permission for my
child, _____, to have his/her picture taken
at Day-After-Day and likewise grant release for said photographs to be published and/or
displayed as deemed appropriate by Day-After-Day.

Authorized Parental Signature _____

Date _____

If you DO NOT wish to have your child's picture published, please check the box:

NO []