



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
 Regional Office No. _____
 Provincial/Field Office _____

**WORKING CHILD PERMIT
 APPLICATION FORM**



PERSONAL DATA OF THE CHILD

Name of Child: _____
 (Last Name) (First Name) (Middle Name)
 Home Address: _____ Contact Details: _____
 Date of Birth: _____ Place of Birth: _____ Age: _____
 Sex: Male Female Education: Grade level (specify if applicable) _____

NAME OF PARENTS/GUARDIAN

Father: _____ Occupation: _____
 Mother: _____ Occupation: _____
 Guardian: _____ Occupation: _____

A. FOR PUBLIC ENTERTAINMENT OR INFORMATION

Terms and Conditions

Title of Project/Activity: _____ Talent Fee _____
 Description of role of the child: _____

Date/s	Location (Specify details)	Call Time	No. of Hours of Work

Note: Please use extra sheet if necessary

The following are provided to the child:

- comfortable workplace and adequate quarters
- break or rest periods in comfortable day beds or couches
- clean and separate dressing rooms and toilet facilities for boys and girls
- adequate meals and snacks and sanitary eating facility
- all the necessary assistance to ensure adequate and immediate medical and dental attendance and treatment to an injured or sick child in case of emergency
- others, please specify _____

Data on Employer

Producer Advertiser Ad Agency Talent Caster Talent Agent Talent Manager Others, specify _____
 Name of Establishment/Company: _____ Tel. No.: _____
 Address: _____ Fax: _____ E-mail: _____
 Business Permit No./Mayor's Permit No.: _____ Date Issued: _____ Valid Until: _____

B. FOR FAMILY UNDERTAKING

The child works under the sole responsibility of parent guardian family member other than parent, specify _____
 Nature of business/undertaking: _____ Location: _____
 Specify the child's activity or work: _____

I hereby certify that the information contained herein are true and correct to the best of my knowledge.

 Printed Name and Signature of Employer

 Designation

 Printed Name and Signature of Authorized
 Network Representative, if for Television

 Printed Name and Signature of
 Parent/Guardian

ACTION OF DOLE REGIONAL/PROVINCIAL/FIELD OFFICE

DOCUMENTS SUBMITTED

FIRST APPLICATION	SUCCEEDING APPLICATIONS
<input type="checkbox"/> Notarized and duly accomplished WCP Application Form <input type="checkbox"/> Proof of schooling (any of the following) <input type="checkbox"/> Certificate of Enrollment <input type="checkbox"/> Current School ID <input type="checkbox"/> Certified True Copy of Current Report Card <input type="checkbox"/> If the child is not enrolled, Notarized Affidavit that the child shall be enrolled in the next school year (if applicable) <input type="checkbox"/> Authenticated copy of the child's Birth Certificate or Certificate of Late Registration of Birth issued by the Philippine Statistics Authority or city/municipal registrar <input type="checkbox"/> Medical Certificate issued by a licensed physician showing the physician's full name, signature and license number (valid within 1 month from date of issuance) <input type="checkbox"/> Two (2) passport size photographs of the child <input type="checkbox"/> Any valid government issued ID of parent/guardian <input type="checkbox"/> When the employer is the parent, guardian, or a family member other than the parent of the child <input type="checkbox"/> For legal guardian – Authenticated proof of legal guardianship <input type="checkbox"/> For family member – Proof of relationship to the child <input type="checkbox"/> When the employer is in public entertainment or information <input type="checkbox"/> Certified true copy of the employer's business permit or Mayor's Permit <input type="checkbox"/> Notarized Employment Contract between the employer and the child's parents or guardian <input type="checkbox"/> Application fee (P100.00)	<input type="checkbox"/> Notarized and duly accomplished WCP Application Form <input type="checkbox"/> Previously issued WCP Card <input type="checkbox"/> Proof of schooling (any of the following) <input type="checkbox"/> Certificate of Enrollment <input type="checkbox"/> Current School ID <input type="checkbox"/> Certified True Copy of Current Report Card <input type="checkbox"/> Medical Certificate issued by a licensed physician, showing the physician's full name, signature and license number (valid within 1 month from date of issuance) <input type="checkbox"/> Two (2) passport size photographs of the child <input type="checkbox"/> Any valid government issued ID of parent/guardian <input type="checkbox"/> Trust Fund Certificate issued by a bank under the child's name (if applicable) <input type="checkbox"/> When the employer is the parent, guardian, or a family member other than the parent of the child <input type="checkbox"/> For legal guardian – Authenticated proof of legal guardianship <input type="checkbox"/> For family member – Proof of relationship to the child <input type="checkbox"/> When the employer is in public entertainment or information <input type="checkbox"/> Certified true copy of the employer's business permit or Mayor's Permit <input type="checkbox"/> Notarized Employment Contract between the employer and the child's parents or guardian <input type="checkbox"/> Application fee (P100.00)

Date Received: _____