



**Republic of the Philippines**  
**DEPARTMENT OF LABOR AND EMPLOYMENT**  
 Regional Office No. IV-A  
 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                                | all the necessary assistance to ensure adequate and immediate medical   |
| break or rest periods in comfortable day beds or couches                   | and dental attendance and treatment to an injured or sick child in case |
| clean and separate dressing rooms and toilet facilities for boys and girls | of emergency  |
| adequate meals and snacks and sanitary eating facility                     | 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                      Printed Name and Signature of Authorized Network Representative, if for Television                      Printed Name and Signature of Parent/Guardian  
 \_\_\_\_\_  
 Designation

**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"/> 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"/> 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"/> If the child is not enrolled, Notarized Affidavit that the child shall be enrolled in the next school year	<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"/> 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"/> Two (2) passport size photographs of the child
<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"/> Any valid government issued ID of parent/guardian
<input type="checkbox"/> Two (2) passport size photographs of the child	<input type="checkbox"/> Trust Fund or Savings Account Certificate issued by a bank under the child's name
<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 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"/> 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"/> Application fee (P100.00)	

Date Received: \_\_\_\_\_