



**Republic of the Philippines  
DEPARTMENT OF LABOR AND EMPLOYMENT  
Regional Office No. \_\_\_\_\_**



**Working Child's Permit  
APPLICATION FORM**

**PERSONAL DATA OF THE CHILD**

Name of Child: \_\_\_\_\_  
(Last Name) (First Name) (M. I.)

Home Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Education:  In-school  Out-of-School  Pre-School  Not Applicable

**NAME OF PARENTS/GUARDIAN**

Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

**NATURE OF WORK**

i. For public entertainment or information

Cinema  Television  Commercial (specify products or services to be endorsed)

Theater  Radio  Public relations activities or campaigns

Print materials  Others, specify \_\_\_\_\_

i. For family undertakings

The child works under the sole responsibility of  parent  guardian

Specify the child's activity or work \_\_\_\_\_

**TERMS AND CONDITIONS**

Duration: \_\_\_\_\_

Start (day/month/year) \_\_\_\_\_ End (day/month/year) \_\_\_\_\_

No. of hours of work/day \_\_\_\_\_ **Role** \_\_\_\_\_

Daily work schedule/day \_\_\_\_\_ Location (pls. Specify exact details) \_\_\_\_\_

Remuneration \_\_\_\_\_

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 facility

all the necessary assistance to ensure the adequate and immediate medical and dental attendance to an injured or sick child in case of emergency

other \_\_\_\_\_

**DATA ON EMPLOYER**

**1. Public entertainment or information**

Producer  Advertiser  Ad Agency  Talent Caster  Talent Agent  Talent Manager

Name of Establishment/Company: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Permit No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Valid Until: \_\_\_\_\_

SEC Reg. No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**2. Family Undertaking**

Parent

Guardian

Family member other than the parent, specify

**DOCUMENTS SUBMITTED**

FIRST APPLICATION

Birth Certificate or Certificate of Latest Registration of Birth

Notarized Employment Contract

Medical Certificate

Proof of schooling (any of the following)

Certificate of Enrollment

Current school identification card

Report Card

2 Passport Size Photographs

Application Fee

SUCCEEDING APPLICATION

Original WCP Card

Application Form

Employment Contract

Medical Certificate

Certificate of Enrollment

Current school identification card

Report Card

2 Passport Size Photographs

Application Fee

If child is not enrolled, describe program for education, training and skills acquisition for the working child:

---

---

---

---

---

**ADDITIONAL DOCUMENTS SUBMITTED:**

**Public entertainment/information**

Certified true copy of Business Permit or Certificate of Registration

**Family Undertaking**

For parent, legal guardian or other member of the family (any of the following):

Latest passport

Latest postal/company identification card

Driver's License

For legal guardian

Authenticated proof of legal guardianship

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

\_\_\_\_\_  
Printed Name & Signature of Employer

\_\_\_\_\_  
Date Filed

**Conforme:**

\_\_\_\_\_  
Parent/Guardian