



**Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT**

**WORKING CHILD PERMIT
CHECKLIST OF REQUIREMENTS**

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"/> Previously issued WCP Card
<input type="checkbox"/> Certificate of Enrollment	<input type="checkbox"/> Proof of schooling (any of the following)
<input type="checkbox"/> Current School ID	<input type="checkbox"/> Certificate of Enrollment
<input type="checkbox"/> Certified True Copy of Current Report Card	<input type="checkbox"/> Current School ID
<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"/> Certified True Copy of Current Report Card
<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 up to time of application for WCP)
<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 up to time of application for WCP)	<input type="checkbox"/> Two (2) passport size photographs of the child
<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"/> Any valid government issued ID of parent/guardian	<input type="checkbox"/> Savings Account Certificate or Time Deposit Account Certificate under an in-trust-for set-up issued by a bank under the child's name in lieu of Trust Fund Certificate (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"/> 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 legal guardian – Authenticated proof of legal guardianship
<input type="checkbox"/> For family member – Proof of relationship to the child	<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"/> 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"/> 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"/> 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)



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

WCP FORM NO. 1

**WORKING CHILD PERMIT
 APPLICATION FORM**

**Passport
 Size
 Photo**
 3.5 cm. x 4.5 cm.

- New application
 Succeeding application
 Child's ID No. _____

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: _____ Contact No.: _____
 Mother: _____ Occupation: _____ Contact No.: _____
 Guardian: _____ Occupation: _____ Contact No.: _____

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	Duration of Work (Time Start/End)

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: _____

If for renewal, Official Receipt No.: _____

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

Doc. No.: _____
 Page No.: _____
 Book No.: _____
 Series of 20 _____

Date received: _____
 Received by: _____



CLAIM STUB FOR WORKING CHILD PERMIT

DOLE Regional Office:	Field Office:
Date and Time of Release:	
Child's Name:	Child's ID No. (if available):
Claimant's Name and Signature: _____ Date and Time Claimed: _____	
<input type="checkbox"/> Parent <input type="checkbox"/> With Authorization Letter <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Guardian <input type="checkbox"/> Employer <input type="checkbox"/> Representative of Employer	
If Working Child Permit Card is not claimed before the validity period, it shall be presumed that the child worked without Working Child Permit.	



NOTICE OF EMPLOYMENT OF SPOT EXTRAS

Name of Company: _____ Tel. No.: _____ Fax No.: _____
Address: _____ Email: _____
Business Permit or Mayor's Permit No.: _____ Place Issued: _____ Valid until: _____

Data on Employer:

- Producer Advertiser Ad Agency Talent Caster Talent Agent
 Talent Manager Others (please specify): _____

Title of Project/Activity: _____

Approximate number of children to be employed as spot extras: _____

Date	Location (Specify exact details)	Duration of Work (Time Start/End)

I certify that the employment of children indicated herein will be undertaken within the purview of Republic Act No. 9231 and Department Order No. 65-04 and that all the information herein are true and correct to the best of my knowledge.

Printed Name and Signature of Employer

Designation/Position

This form shall be submitted at least two (2) days prior to the shooting/taping/event to the DOLE Regional/Provincial/Field Office having jurisdiction over the workplace of the working child.

ACTION OF DOLE REGIONAL/PROVINCIAL/FIELD OFFICE

Date Received: _____

Remarks: _____

Printed Name and Signature of Focal Person

Date: _____