

Passport
Size
Photo
3.5 cm. x 4.5 cm.

WORKING CHILD PERMIT
APPLICATION FORM

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

PERSONAL DATA OF THE CHILD

Name of Child: CAMENFORTE, ALTHEA DIANNA LEJARDE
(Last Name) (First Name) (Middle Name)

Home Address: 056 Pulong Sagingan, Brgy. Maitim 2nd West Tagaytay City Contact Details: 0966 270 6748

Date of Birth: March 29, 2020 Place of Birth: E. Delos Santos Birthing Home-Isla Valenzuela City Age: 4

Sex: ☐ Male ☒ Female Education: ☐ Grade level (specify if applicable) Daycare

NAME OF PARENTS/GUARDIAN

Father: Karlo Fernandez Camenforte Occupation: Performer Artist Contact No.: 0966 270 6748

Mother: Darlene Justo Lejarde Occupation: Housewife Contact No.: 0966 675 2488

Guardian: N/A Occupation: N/A Contact No.: N/A

A. FOR PUBLIC ENTERTAINMENT OR INFORMATION

Terms and Conditions

Title of Project/Activity: OMRON DREAM BIG Talent Fee PHP 15, 000 (Fifteen Thousand Pesos Only)

Description of role of the child: Photoshoot Extra Talent

Date/s	Location (Specify details)	Call Time	Duration of Work (Time Start/End)
February 15, 2025	HPL Building, 60 Sen Gil Puyat Ave., Brgy. San Isidro, Makati City	2:00 PM	4 Hours including 1.5 hours break

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: Transportation allowance for ease of travel

Data on Employer

☐ Producer ☐ Advertiser ☒ Ad Agency ☐ Talent Caster ☐ Talent Agent ☐ Talent Manager ☐ Others, specify _____

Name of Establishment/Company: InnovationOne, Inc. Tel. No.: (+632) 8894-4056 / 58

Address: HPL Building, 60 Sen. Gil Puyat Ave. Brgy. San Isidro, Makati City Fax: N/A E-mail: vnavarro@innovationone.com.ph

Business Permit No./Mayor's Permit No.: xxxx Date Issued: February 18, 2025 Valid Until: December 31, 2025

If for renewal, Official Receipt No.: xxxx

FOR FAMILY UNDERTAKING

The child works under the sole responsibility of ☐ parent ☐ guardian ☐ family member other than parent, specify N/A

Nature of business/undertaking: N/A Location: N/A

Specify the child's activity or work: N/A

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

Vivienne O. Navarro
Printed Name and Signature of Employer
Sales and Accounts Manager /Consultant

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

Darlene J. Lejarde
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.			

