

Creating a Guest Account

PLEASE NOTE: If you have done any business with Columbia Association since 2012 you may already have an account. Please email Marilyn.Watring@ColumbiaAssociation.org to get your account number.

[Click here to access the Customer Service System](#)

Click on **Quick Gest**

Click on Change and select School Age Services form the Drop Down Menu

Login

Already an existing member

Username
Password

[Forgot your username/password?](#)
[Do not have a login?](#)

Login

OR

Sign in with

Facebook Yahoo

Not a member yet?

Become a Member
Member Privileges

Quick Guest
Guest Privileges

Create Guest Account

Site: Customer and Member Service Center [Change]

First Name:

Last Name:

Date of Birth: (mm/dd/yyyy)

Home: (xxx-xxx-xxxx)

Email:

+ Create Username and Password

OR

+ Link Your Social Account

Submit Cancel

Enter the PARENT'S Information

Create Guest Account

Site: School Age Services [Change]

First Name: ENTER PARENT

Last Name: NAME

Date of Birth: 03/01/1997 (mm/dd/yyyy)

Home: 410-715-3000 (xxx-xxx-xxxx)

Email: Parent email

+ Create Username and Password

OR

+ Link Your Social Account

Submit Cancel

Click on the + to enter a user name and password

Click on the icon for **My Account**



- View reservations
- Update account info
- Purchase Series Sales
- View transaction and visit history
- Pay your bill

My Account

- Group Fitness classes
- School's Out programs
- EYT program

Classes

Account Summary

Personal Information [Update](#)

Site: School Age Services [Join Online](#)

Name: ENTER PARENT NAME

Address:

Phone: (410) 715-3000

Email: Sunni0616@gmail.com

Home Club: School Age Services

Additional Clubs:

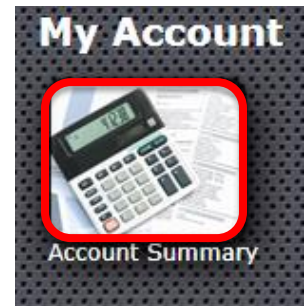
Account #: g686

Join Date: 3/29/2019

Related Members

No details available

Click on **Account Summary**

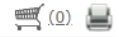


Click on Add **Sub Guest**

Add Sub Guest

Enter the required fields and click **Submit Changes**.
You can repeat the process until all children are entered.

Add Guest Info



Personal Information			
Relationship:	<input type="text" value="Child"/>	Home Address <input type="text"/> *	(Primary Address)
Salutation:	<input type="text"/>	Address:	<input type="text"/>
First Name: *	<input type="text"/>		<input type="text"/>
Last Name: *	<input type="text"/>	City/State/Province:	<input type="text"/>
Middle Initial:	<input type="text"/>	Zip Code: *	<input type="text"/>
Membership Type:	<input type="text"/>	Home <input type="text"/>	410-715-3000
Date of Birth:	<input type="text"/>	Business <input type="text"/>	<input type="text"/>
(mm/dd/yyyy)		Mobile <input type="text"/>	<input type="text"/>
Gender:	<input type="text" value="Female"/>	Other <input type="text"/>	<input type="text"/>
Marital Status:	<input type="text" value="Married"/>	Email 1 <input type="text"/>	<input type="text"/>
Emergency Contact:	<input type="text"/>		
Emergency Phone:	<input type="text"/>		

*Required Fields

Submit Changes